

# Open House Christian Involvements Centre

## DONATION SLIP

Name: .....

Address: .....

Phone: (ah) ..... (bh) ..... (mh) .....

Email: .....

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Amount \$ .....

Cash                       Cheque                       Credit Card

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Visa                               MasterCard

Once Only                       Monthly                       Annually

Account number: \_ \_ \_ \_ \_

Expiry date: \_ \_ \_ \_ \_      CCV \_ \_ \_ \_ \_ (last 3 numbers on signature strip on rear of card)

Name (as printed on card) .....

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Cardholder's signature .....

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Donations of \$2 and over are tax deductible. To receive a tax deductible receipt, please provide your name and address.

**Open House Christian Involvement Centres ABN 13 005 130 272**  
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**Website [www.openhousecic.org.au](http://www.openhousecic.org.au)**

An outreach of the local Churches.