

| First Name: | |
|--|-----------|
| Last Name: | |
| Number: | |
| Street Name: | |
| Suburb: | |
| City: | Postcode: |
| Country: | |
| Phone: | |
| Email: | |
| | |
| Donation type: Weekly: Monthly: One off: | |
| Donation Amount: | |
| Start Date: | End Date: |
| How did you hear about Thinking Faith Ministries? | |
| Attended an event Through a Sunday preach Through the net Through a friend | |
| I have read and accept the terms and conditions on the website. | |

Signed _____