



CREDIT CARD DONATION FORM

Mr/Mrs/Ms/Dr _____

First Name _____

Surname _____

Address _____

Email Address _____

Phone _____

Donation \$ _____

Credit Card number _____

Expiry Date _____

CVC (on reverse side of card) _____

Signed _____

Dated _____

If the donation is to be used for a specific purpose, please provide details:

Please send completed form to:

Daniel O'Carroll
Secretary, Sumner Ferrymead Foundation
133 Mt Pleasant Rd
Christchurch 8081
New Zealand

For more information:

Phone Daniel: 021 288 1871 or 03 326 5391

Email: info@sumnerferrymeadfoundation.co.nz

Please note: To protect you from fraud we will never request or confirm your bank or credit card details via email. You may wish to seek independent legal advice on your donation.

www.sumnerferrymeadfoundation.co.nz

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