

# COUNT ME IN!

Please complete and return to PO Box 4168  
Harrisdale, WA 6112.

NAME:

ADDRESS:

STATE:  POSTCODE:

PHONE:

EMAIL:

I/We wish to give:

- |                                 |                                |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> \$100  | <input type="checkbox"/> \$50  |
| <input type="checkbox"/> \$500  | <input type="checkbox"/> \$30  |
| <input type="checkbox"/> \$1000 | <input type="checkbox"/> ..... |

EACH:  Month  Quarter  Year

STARTING:

Supporting:

- Youth Empower Project  
(Tax deductible)
- Multiply  
(Tax deductible)
- Training Programs
- Craig and Talitha

Please turn over for giving details

He who supplies seed to the sower and bread for food will supply and **multiply** your seed for sowing and increase the harvest of your righteousness. You will be enriched in every way to be generous in every way, which through us will produce thanksgiving to God.

2 Corinthians 9:10-11 (ESV)

# PAY BY:

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Visa       | <input type="checkbox"/> Direct Debits (details will be sent to you) |
| <input type="checkbox"/> Mastercard | <input type="checkbox"/> Cheque (made out to MissionOz)              |

Card No.

Name on card:  Expiry date:

I/we authorise MissionOz Inc. to charge my Mastercard/Visa according to my promise until notice to discontinue is given in writing.

Signed:

Date:

LEAD Tanzania in Partnership With:

MissionOz

