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Her	re are my details:
Full	name(s)
Add	ress
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Ema	ail
	I would like to begin a monthly Life Changer donation of
	\$30 \$46 Other \$per month
	Start date:/
	By: Bank transfer
	Credit card
	I would like to make a one-off donation of: \$
	By: Bank transfer Credit card Cash
Wa	ys to give:
\$	Bank transfer or Automatic Payment set up
	Please use the account information below: Christians Against Poverty 03-0195-0610289-000
	In the reference fields please write: • Your full name • Your phone number • Write either 'one off gift' or 'regular gift'
0	Credit card online now at <u>capnz.org/donate</u> or simply scan this QR code with your phone's camera.
	If you would like CAP to manually process your card, please fill out the below: Card number:
	Expiry date:/



Date:_

Signature:_