



*Yes!* I will **pray** for our CMS missionaries

Missionaries I'd like to receive prayer points for:



*Yes!* I will **partner financially** with our CMS missionaries

**Online donations:** [lastinghope.cms.org.au/nswact](https://lastinghope.cms.org.au/nswact)

**Phone donations:** (02) 9267 3711

☐ One-off donation of \$

☐ Monthly donation of ☐ \$10 ☐ \$25 ☐ \$50 ☐ other \$

Please debit my ☐ Visa ☐ MasterCard ☐ AMEX

Credit card number

Name on card

Expiry

CVV

Cardholder's signature

### Contact details

Name (Circle: Mr / Mrs / Miss / Ms / Rev / Dr )

Address

Email

Suburb

Phone

State

Postcode

Please return your completed donation slip with your gift to:  
CMS NSW & ACT, PO Box 21326, World Square, NSW 2002

*Thank you!*

LHA25CH



*Yes!* I will **pray** for our CMS missionaries

Missionaries I'd like to receive prayer points for:



*Yes!* I will **partner financially** with our CMS missionaries

**Online donations:** [lastinghope.cms.org.au/nswact](https://lastinghope.cms.org.au/nswact)

**Phone donations:** (02) 9267 3711

☐ One-off donation of \$

☐ Monthly donation of ☐ \$10 ☐ \$25 ☐ \$50 ☐ other \$

Please debit my ☐ Visa ☐ MasterCard ☐ AMEX

Credit card number

Name on card

Expiry

CVV

Cardholder's signature

### Contact details

Name (Circle: Mr / Mrs / Miss / Ms / Rev / Dr )

Address

Email

Suburb

Phone

State

Postcode

Please return your completed donation slip with your gift to:  
CMS NSW & ACT, PO Box 21326, World Square, NSW 2002

*Thank you!*

LHA25CH