

Paying In Form

Please complete and return this to:

Order of Malta, PO Box 257, Surry Hills NSW 2010

PLEASE COMPLETE IN BLOCK	CAPITALS		
Title:	Full name:		
Address:			
Suburb:		_ State:	Postcode:
Contact telephone number:			
Email:			
Your event/activity:			
Date of event/activity:			
TOTAL RAISED:\$			
DON'T EODOET TO DETUDA	I A CORV OF	VOUR CRONS	ORSHIP FORM SO THAT WE CAN
			O YOUR SPONSORS!
How did you collect your spo	nsorship mone	ey? Please indi	cate below.
☐ Cash (please pay into your details below or send a cheq		•	us with your debit/credit card Malta")
☐ Cheques (payable to the '	The Order of M	Nalta" and end	closed): £
Please debit \$ from	my card:		
□ Mastercard □ Visa			
Card number:			
Expiry: /			
Name on card:			
Signature:	Date:		

THANK YOU FOR RAISING FUNDS FOR THE ORDER OF MALTA