



MIRACLE CHRISTIAN CENTER INC.

Where Miracles Are a Reality and Jesus Is Lord!

A.B.N. 41 035 231 710 A.R.B.N. 129 107 277

Po Box 7143 Dandenong 3175 Victoria, Australia.

Ph/Fax: 03 9701 3344 Email: admin@mcc777.com

Donor Details – Please Print Clearly

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____

State: _____ Postcode: _____

Email: _____

Phone (H): _____ (W): _____ (M): _____

Payment Details

CHURCH (please circle): NP GC MAR CAB STKI INC

I would like to donate \$_____ Tithes/Offering

\$_____ Building Fund

\$_____ Release a Local Missionary

\$_____ Welfare

\$_____ Church Planting

Enclosed is a cheque / money order made payable to Miracle Christian Center

Please charge my credit card (credit card payments will be include a 0.75% administration fee)

Credit Card Details

Card Type: Visa Mastercard Amex

Card Number: _____ / _____ / _____ / _____

Expiry Date: ____ / ____ CVN: ____ (last 3 digits on back of card)

Signature: _____

Date: ____ / ____ / ____

THANKYOU FOR YOUR DONATION.

A RECEIPT WILL BE MAILED TO YOU SHORTLY