



M.NO					
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APPLICATION FOR YEARLY DONORS

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Mr / Mrs / Miss	First Name :
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Last Name :

Street No and Name :

Suburb :	State :	Post Code :
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Home Phone :	Mobile Phone :
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E mail Address :

Are you a Member of Mahamevnawa Melbourne Asapuwa? Yes / No
(If yes, please right down your Membership Number in the box above)

I would like to make a Monthly contribution of : \$

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Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Direct Debit <input type="checkbox"/>
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Signature :	Date :
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Office use only:	
Approved by:	
Signature:	Date:

May Triple Gem Bless You