

Leprosy Mission

[Southern Africa]

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Credit Card Authorisation Form

Authority for gift by Credit Card to the Leprosy Mission Southern Africa

Please debit my Credit Card with the amount of R_____

Once only

Monthly

Name: _____

Visa/Master/Diners Club/ AMEX

Credit Card Number:

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Last three digits on reverse of card: _____

[AMEX - four digits on face of Card]: _____

Expiry Date: _____

Signature: _____

Telephone: Home [____] _____ Work Home [____] _____