



MOTIVATED BY
SELF DENIAL 2026

LOVE

MY DETAILS

Title/Rank _____ First name _____ Surname _____ I am over 18 years old
Address _____ Suburb _____ State [] [] [] Postcode [] [] [] []
Phone _____ Email _____ Corps/Centre _____

Please accept my gift of \$ _____ towards the Self Denial Appeal

From the above amount, please allocate \$ _____ non-tax-deductible and \$ _____ tax-deductible*

Frequency: Once-off Monthly Fortnightly Other _____ Start date _____

Receipt required? Yes No *NB: If you require a receipt, please insert your full address details*

PAYMENT DETAILS *Please select your method of giving*

To read our privacy policy visit salvationarmy.org.au/privacy

Please find enclosed: Cash Cheque/Money order payable to: The Salvation Army

Credit card: MasterCard Visa Amex

Card number: [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] Expires _____ / _____

Cardholder name _____ Signature _____

Direct Debit: Please complete the Direct Debit Request on reverse side

***Non tax-deductible** or evangelical Mission Support funds support welfare initiatives and build the organisational strength of The Salvation Army in developing countries, through, for example, the provision of church halls, residences for officers, Bible, computers and training.

Tax-deductible funds are used to support Community Development initiatives such as poverty alleviation and clean water.

The Salvation Army
Locked Bag 3010, NUNAWADING VIC 3131 | 1300 727 252
overseasaid@salvationarmy.org.au | ABN: 52 609 689 893

salvationarmy.org.au/selfdenial



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DIRECT DEBIT REQUEST

REQUEST AND AUTHORITY TO DEBIT

Given name _____ Surname _____ request and authorise **The Salvation Army (Victoria)**

Property Trust ABN 64 472 238 844 & User ID 466205 to arrange a debit to your nominated account.

This debit or charge will be arranged by The Salvation Army (Victoria) Property Trust's financial institution and made through the Bulk Electronic Clearing System Framework (BECS) from your nominated account and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

AMOUNT OF DEBIT

We will debit the sum of \$ _____ from your account.

Frequency of debit: Once-off Monthly Fortnightly

Other _____ Start date _____

YOUR ACCOUNT TO BE DEBITED

Name/s on account _____

Financial Institution Name _____

BSB _____ Account number _____

YOUR CONTACT DETAILS

Address _____ Suburb _____ State [] [] [] [] Postcode [] [] [] [] [] []

Phone _____ Email _____

CONFIRMATION

By signing and/or providing us with a valid instruction in respect to your Direct Debit Request you confirm that:

- You are authorised to operate the nominated account; and
- You have understood and agreed to the terms and conditions set out in this Request and in your Direct Debit Request Service Agreement.
To read our Direct Debit Request Service Agreement visit: salvationarmy.org.au/selfdenial
We will supply you with a Direct Debit Request Service Agreement by your preferred contact method within 7 business days.
- You have understood and agreed to The Salvation Army's commitment to protecting your personal information.
To read our privacy policy visit salvationarmy.org.au/privacy

Signed in accordance with the authority on your account: Signature _____ Date ____/____/____



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