

Coffee Cup Challenge Donation Register



Congregation name _____ Contact name _____

Contact number _____ Email _____

Name	Address details			Contact details		Donation	Receipt
Full name	Street address	Town/City/Suburb	Postcode	Email	Phone	\$	Y/N

Banking details

BSB: 033005 Account No.: 347047
 Account Name: Uniting Vic.Tas Fundraising
 Description: Coffee(congregation name)

Please complete this register with the details of all those in your congregation who are taking up the challenge. Send a copy of this form to fundraising@unitingvictas.org.au at time of funds transfer. For any queries, contact Supporter Services on **1800 668 426**.

Total banked	
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Date funds transferred _____