



## Yes! I would like to become a SHARE Pledge Partner

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Pledge Details

Please debit my credit card for \$ \_\_\_\_\_  Mastercard  Visa  Amex

Every  Month  Quarter

Exp.: \_\_\_/\_\_\_

Cardholder name \_\_\_\_\_

Signature \_\_\_\_\_

I would also like \$ \_\_\_\_\_ to be debited and forwarded to the following

UnitingCare agency/organisations: \_\_\_\_\_

Every  Month  Quarter

I would like to receive the SHARE Snapshots newsletter

Yes  No

SHARE  
GPO Box 4355  
Melbourne, Vic, 3000  
Phone: 1800 668 426  
Fax: 03 9251 5491  
Email [shareinfo@victas.uca.org.au](mailto:shareinfo@victas.uca.org.au)