

# 20<sup>th</sup> Anniversary Commemorative Wine

Dominics Wines and St Peters Lutheran School are pleased to offer two fabulous wines as part of our 20<sup>th</sup> Anniversary celebrations. Dominics are offering a 2016 Shiraz and a 2017 Sauvignon Blanc to toast the school's milestone. You can purchase half or full dozens of either wine, or a mixed dozen to enjoy both varieties. The wines are so generously priced for a two very tasty drops; \$60 per half dozen or \$120 for a dozen. Please order your bottles via the order form below. Following receipt of your order and payment, a member of St Peters Lutheran Church will be in contact with you to make arrangements for collection of your wine.

We hope as you enjoy the wine you can raise your glass and give thanks for our school.



## Payment Information

### Direct Debit (preferred option)

BSB: 105 078  
 Account Number: 050907240  
 Reference: WINE – Your Surname

### Credit Card

To make payment by credit card, please complete the attached Credit Card Authorisation form and forward it to the school office.

### Cash

Cash payments can be made at the school office 8.30am – 4.00pm on school days.

### Cheque

Please make cheques payable to St Peters Lutheran School.

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## ORDER FORM

Sauvignon Blanc (x6) \$60	<input type="checkbox"/>	Shiraz (x6) \$60	<input type="checkbox"/>
Sauvignon Blanc (x12) \$120	<input type="checkbox"/>	Shiraz (x12) \$120	<input type="checkbox"/>
Mixed Dozen \$120	<input type="checkbox"/>		

**Payment Method:** Direct Debit  Credit Card  Cash  Cheque



Contact Name: .....

Contact Number: .....

Email Address: .....

Please return this completed form to the school office



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### One Time Credit Card Payment Authorisation Form

Sign and complete this form to authorise St Peters Lutheran School to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorisation for any additional unrelated debits or credits to your account.

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**Please complete the information below:**

I \_\_\_\_\_ authorise St Peters Lutheran School to charge my  
(full name)

credit card account the amount of \$ \_\_\_\_\_ on or after \_\_\_\_ / \_\_\_\_ / 2019

This payment is for (please select from below):

- |  |   |
|--|---|
| <input type="checkbox"/> Sauvignon Blanc (x6) \$60   | <input type="checkbox"/> Shiraz (x6) \$60   |
| <input type="checkbox"/> Sauvignon Blanc (x12) \$120 | <input type="checkbox"/> Shiraz (x12) \$120 |
| <input type="checkbox"/> Mixed dozen \$120           |   |

Account Type:  Visa  MasterCard

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiry Date \_\_\_\_\_

Contact Telephone Number for Cardholder \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorise the above named business to charge the credit card indicated in this authorisation form according to the terms outlined above. This payment authorisation is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorised user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Please return this completed form to the school office