

20th Anniversary Engraved Leaves

To help celebrate our 20th Anniversary, St Peters Lutheran School will be erecting a School Community Tree on our external wall outside the ELC entrance. This will have individual leaves that are dedicated to current or past members of the school or church community. (The leaf colours are chosen randomly.) You can purchase either one for a student, one for the whole family or one for your business to be a part of this community initiative. All proceeds will go towards the development of the Nature Play Area.



Payment Information

Direct Debit (preferred option)

BSB: 105 078
Account Number: 050907240
Reference: LEAF – 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

Student Name \$15 Family Name \$20 Business Name \$50

Payment Method: Direct Debit Credit Card Cash Cheque



St Peters
Blackwood

Contact Name:

Contact Number:

Email Address:

Name to appear on Leaf:

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.

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):

- Student Name Leaf \$15
- Family Name Leaf \$20
- Business Name Leaf \$50

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