



# HEARING HOUSE HERO

## DONATION

I would like to give a regular monthly donation of \$ \_\_\_\_\_

## PERSONAL CONTACT DETAILS

Mr / Mrs / Ms / Miss (circle applicable title)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## YOUR PAYMENT DETAILS

### CREDIT CARD

CARD TYPE \_\_\_\_\_

CARD NUMBER \_\_\_\_\_

NAME ON CARD \_\_\_\_\_

CARD EXPIRY \_\_\_\_\_ CVV \_\_\_\_\_

### OR AUTOMATIC PAYMENT

If you would like to arrange an automatic payment with your bank, you will need to give them the following details:

ACCOUNT NAME            The Hearing House

ACCOUNT NUMBER        12-3055-0201946-00

REFERENCE                Please use your first and last name as a reference

PARTICULARS             HHH

Return completed form to The Hearing House, PO Box 74022, Greenlane, Auckland 1546, or email to [accounts@hearinghouse.co.nz](mailto:accounts@hearinghouse.co.nz). Thank you for your support.

OFFICE USE    Date of first payment  
                  Task expiry date set up  
                  Fundraiser Pro