



Cheque Remittance

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount of Donation: \_\_\_\_\_

Join our mailing list: Yes / No (please circle)

Please return to:

Samaritans

PO Box 12100

Thorndon

Wellington 6144