

WST AUTOMATIC PAYMENTS

Full name _____

Email _____

Postal Address _____

_____ Post code _____

Phone (day) _____ Mobile _____

I wish to contribute \$ _____ [] weekly [] fortnightly [] monthly

I wish to commence on (date) _____ (you can cancel at any time)

[] Please send me an automatic payment form and banking details

Your signature _____ Date _____

THANK YOU!

Email this page to gary@shuttleworthca.nz, or post to

Wild Side Trust, PO Box 33 Ruawai, 0530, Northland