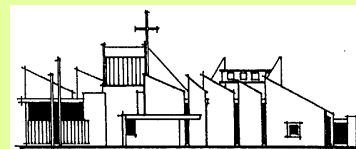


planned giving



Full Name: _____ **Phone:** _____

Address: _____

1st Collection	2nd Collection	TOTAL Per Week
<ul style="list-style-type: none"> • For the support of our local Priest. • Assisting the support of the Archbishop and other Priests of the Archdiocese. 	<ul style="list-style-type: none"> • For the support of the ongoing Pastoral work and Programmes of our Parish. • For the administration and running costs of our Parish. • For the redemption of loans on our Parish Church. • For our Parish's contribution towards the work of the Archdiocese. 	
<p><u>My commitment per week:</u> (suggested 10% of Total)</p> <p style="text-align: center;">\$</p>	<p><u>My commitment per week:</u> (suggested 90% of Total)</p> <p style="text-align: center;">\$</p>	<p>(100%)</p> <p>\$</p>

Please use the above guide in calculating your weekly or fortnightly (weekly x 2) or monthly (weekly amount multiplied by 52 & divided by 12) contribution and tick your chosen method of contributing:

My current Planned Giving Number is _____

OR

I am new to the Planned Giving Program

My Option for making my weekly/ fortnightly/monthly contribution: (Please tick one option)

<input type="checkbox"/>	<u>Direct Debit Authority on my Bank/Credit Union/Building Society Account</u> please complete details below and separate Direct Debit Authority form.
<input type="checkbox"/>	<u>Direct Debit Authority on my Visacard or Mastercard</u> please complete details below and separate Credit Card Authority form
<input type="checkbox"/>	<u>Weekly Planned Giving Stewardship Envelopes</u> by Cash or Cheque – envelopes will be made available for collection at weekend Mass.

FURTHER INFORMATION REQUIRED FOR DIRECT DEBIT AND CREDIT CARD AUTHORITIES:-

BANK ACCOUNTS: <i>Weekly, fortnightly or monthly (15th) direct debits are available - please debit my account:</i>	CREDIT CARDS: <i>Weekly, fortnightly or monthly (15th) direct debits are available - please charge my:</i>
Bank Name:	(Circle) MasterCard / VisaCard
Branch (BSB) No: ____ - ____	Card No: _____
Account Number: _____	Card Expiry Date: (__ / __)
Weekly/Fortnightly or Monthly amount: \$ _____ <i>(please indicate frequency)</i>	Fortnightly or Monthly amount: \$ _____ <i>(please indicate frequency)</i>
<u>A Direct Debit Request Form must also be completed for this arrangement to be implemented.</u>	Full Name on Card: <u>A Payment by Credit Card Form must also be completed for this arrangement to be implemented.</u>

This authority will remain in force unless otherwise amended or cancelled by me in writing.

Signature: _____

Date: _____

Thank you for your generosity and commitment. If you require any further information, please phone the parish office on 3822 2139. Please be assured that information given is treated confidentially.