giving form

If you would like to give to our church, then please fill out this form and post it to the church office or put it into the Sunday collection bags. If you have any questions please feel free to contact the office.

Name

Address

Email address

Phone (day) (mob)

1. Automatic Payment

☐ I will complete / have completed an Automatic Payment form so that regular donations of $ ____________

can be made from my bank every week/month/quarter.

2. Envelope giving

☐ Please allocate a *giving number* to me so that I can claim tax back at the end of the financial year.

3. One-off donation

☐ I would like to make a one-off donation of $ ____________ (made payable to St Paul's Family Service).

Please find a cheque/cash enclosed **or** I will give this by ______ / ______ / ______ .

Signed Date

stpauls

automatic payment authority

St Paul's Church

To:

(YOUR BANK'S NAME—BLOCK CAPITALS PLEASE)

(YOUR BANK'S POSTAL ADDRESS—BLOCK CAPITALS PLEASE)

Please start this automatic payment by debiting my/our account until further notice.

Account Number: ☐☐ ☐☐☐☐ ☐☐☐☐☐☐☐ ☐☐☐

(YOUR BANK ACCOUNT NUMBER)

Please pay to: ASB Bank

For the credit of: St Paul's Family Account

Account No: 12 3011 0829280 04

To commence on the day of 20

The sum of: $

And the same sum on the same day WEEKLY / MONTHLY / QUARTERLY.

(PLEASE CIRCLE ONE)

Information to appear on St Paul's bank statement:

Information to appear on my bank statement:

Your name:

MR / MRS / MS

Address:

Your signature: Dated: 20