## Our Community Our Commitment

## FINANCIAL PARTNERSHIP WITH CHRIST CHURCH

Mr/Mrs/Ms/Other		
First Name		
Surname		
Address		
	Postcode	
Telephone (home)		
(work)		
(mobile)		
Email		
This Financial Partnership suppo of the following family members		
I want to support the work of Go CHRIST CHURCH. I pledge that in	•	
\$	per week	
\$	per month	
\$	per quarter	
\$	per year	
I would like to receive Planned Giving envelopes.		

Please place your pledge card in an envelope and place in the offertory bowl or mail to -

CHRIST CHURCH SOUTH YARRA PO Box 8. South Yarra 3141



1. ELECTRONIC GIVING VIA THE ADF	
I have completed for electronic given	d an ADF debit form ving.
2. INTERNET BAN	KING
You can make a regular via your internet bank	ar payment to Christ Church ing account.
Amount \$	per month
OR	(name other frequency)
Account name Parish BSB 703 122 Accou	the following account details:  n Council Current Account  int number 05009322  ers name in reference to the
3. CREDIT CARD	fication and recording purposes).
Amount \$	per month
Mastercard	Visa
Name on Card	
Card Number	
Expiry Date	
Cardholder's Signatu	re
	e debited in the first week of each month in place until cancelled by the cardholder
4. PERIODIC PAY	MENT
You will need to ask yo	our banks assistance to set this up.
Amount \$	per month
OR	(name other frequency)
5. OPEN PLATE	
Amount \$	per month
Please note: This informal only by the Parish reco	1,1

accessible by either the Clergy or church administrators.

