

PARISH THANKSGIVING PROGRAM

The ministry and mission of our parish depend on the regular offering of the people of God. Please fill out the following details if you wish to contribute through our Thanksgiving Program.

Title: _____ Name: _____ (PLEASE PRINT)

Address: _____

Phone: _____ Email _____

This is *[Please tick]* a new pledge an updated pledge or a change in details

Church you normally attend *[Please tick]* Mary Immaculate St. Bernadette's Mother of God

Your pledge to the THANKSGIVING OFFERING (1st Collection) supports:

- Parish Maintenance & Operating Expenses
- Parish Pastoral, Catechetical & Liturgical Expenses
- Parish Secretarial Support & Administration
- Diocesan Chaplaincy (Hospitals, Prisons etc.)
- Diocesan Welfare & Charitable Works

Your pledge to the PRESBYTERY OFFERING (2nd Collection) supports:

- Parish Priest's Living Allowance (Stipend)
- Presbytery Household Expenses
- Sick & retired priests
- Priests in needy Parishes
- The Archbishop's Ministry

MY THANKSGIVING OFFERING \$

MY PRESBYTERY OFFERING \$

MY PLEDGE IS PER Week Month Quarter Year

(NOTE Credit Card & Direct Debit can only be monthly OR quarterly, OR yearly)

PAID BY (please tick one box)

1 Envelopes 2 Direct Debit 3 Credit Card

1: ENVELOPES - You will receive a set of weekly offering envelopes

2: DIRECT DEBIT An authorisation form will be sent to you

3: CREDIT CARD Please complete details below

I would like to contribute by CREDIT CARD

Please tick: Visa Mastercard Expiry date

Name on Card [PRINT] _____

Card no

Please debit my credit card account on - each month quarter or year

with the sum of THANKSGIVING \$ & PRESBYTERY \$

Withdrawals take place on the 25th day of the month. Please inform us ASAP if there are any changes to your details such as expiry dates, cancellation of card or new card number. I understand that this authority may be cancelled or altered by me in writing at any time.

Signature _____ Date _____