

PARISH THANKSGIVING PROGRAM

The ministry and mission of our parish depend on the regular offerings 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 ☐

Your pledge to the THANKSGIVING OFFERING supports:

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

MY THANKSGIVING OFFERING

\$

Your pledge to the PRESBYTERY OFFERING supports:

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

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: EFTPOS FACILITY – Available at back of Mary Immaculate Church each weekend.
3: WEBSITE – Donate button using Credit/Debit Card
4: 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 - 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 _____

RETURN TO PARISH OFFICE PO BOX 319, Ivanhoe 3079 OR PLACE IN COLLECTION PLATE AT MASS