

GIVING FORM

NB. In accordance with the Privacy Act, this information is collected to enable the distribution of envelopes and annual receipts. All information is confidential to the Treasurer/Giving Recorder/Receipt Provider.

Please complete this form, place it in a sealed envelope and either drop into the offertory box at the back of church or return it to the church office, marked for the Treasurer's attention.

MY/OUR REGULAR GIVING (Details required for issuing a receipt)

Full Name(s) (please print) _____

Address (for annual receipt) _____

Phone _____ Email Address _____

NEW

I/we wish to make regular payments of \$ Weekly OR Monthly OR _____

CHANGE

I/we wish to change our regular payments from \$ Weekly OR Monthly OR _____

To \$ Weekly OR Monthly OR _____

METHODS OF PAYMENT:

1. Electronic Banking

I / We will start using the AP/ Internet Banking system from ____|____|____.

OR

We have changed our amount from \$ _____ pw|pf|pm to \$ _____ pw|pf|pm. Date ____|____|____.

Please supply the name that will appear on St George's bank statement if different from your name above:
(eg. Smith Trust A/C). _____

WESTPAC Bank, Queen St, Auckland. Name: St George's Church, Epsom. No: 03-0104-0109844-01

2. Envelopes

I/we would like to start using envelopes. (We will supply you, your unique number for the envelopes).

3. EFTPOS

Electronic giving is available on Sundays at the back of the Church or at the office during office hours and may be used for regular or one-off gifts.

_____ Signed _____ Date

I/WE WOULD LIKE TO MAKE A THANKSGIVING / ANNUAL APPEAL GIFT

<input type="checkbox"/> A special gift is enclosed of	\$ <input type="text"/>	Envelope No, if used	<input type="text"/>
<input type="checkbox"/> I would like to promise a future gift of	\$ <input type="text"/>	In the month of	_____