

St Peter's Catholic Parish – Rochedale

PLANNED GIVING CONTRIBUTION

Mr, Mrs, Ms. (Please print)

My / Our

Full name: _____

Commitment

Address: _____

to the Planned Giving Program is:

Suburb: _____ Post Code: _____

\$ _____ weekly/monthly

Phone: _____ Email: _____

I/We wish to participate in the Planned Giving by (please tick)

You will be contacted by the Parish

Direct Debit (Managed through ADF)

Office to facilitate the arrangements

Credit/Debit Card (Managed through Parish Office)

Envelopes

Electronic Funds Transfer (EFT See over)

Signature: _____ Date _____