

Parish of Saint Thomas the Apostle  
PO Box 685 Coorparoo 4151 Australia  
Ph +61 7 33981154 Fax +61 7 33981023  
Email stthomas@bne.catholic.net.au

## OFFERTORY GIVING PROGRAM

We welcome your interest in our Parish and look forward to your financial support for the Pastoral Activities of our Parish.

*Rev. Peter Casey, Parish Priest*

Please complete your details below:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I WISH TO CONTRIBUTE VIA:

- CREDIT CARD (See below)       DIRECT DEBIT (See over page)       WEEKLY ENVELOPES (A set of envelopes will be posted to you)

MY MONTHLY GIFT TO THE PARISH OFFERTORY WILL BE

FIRST COLLECTION:\*      \$ \_\_\_\_\_ per month

SECOND COLLECTION:\*\*      \$ \_\_\_\_\_ per month

For electronic giving, donations will be deducted from your account on a monthly basis. Monthly donations will begin on the 25th day of the month and continue until the parishioner contacts the parish office to increase, decrease or cease their gift.

\*The FIRST COLLECTION supports the Parish Clergy who care for St Thomas' Parish. This includes presbytery costs and the living expenses of the parish priest.

\*\*The SECOND COLLECTION supports St Thomas' Parish. This includes operating costs of the parish, such as liturgical expenses, sacramental and adult faith development programs, staffing, insurances, office expenses and maintenance. It enables the parish to commit to mission. From time to time it provides for the parish to service a loan for capital works.

A total contribution levy of 18% from both collections is made to the Archdiocese of Brisbane to support its life and mission.

### DONATIONS VIA CREDIT CARD:

Type of Card (circle) :      Mastercard      Visa

Card Number:      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Cardholder Name:      \_\_\_\_\_      Expiry Date: \_\_\_\_ / \_\_\_\_

*I hereby authorise the Merchant (St Thomas' Parish) to debit my Card Account with the amount specified above at monthly intervals, for donations as described.*

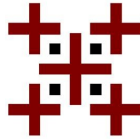
*This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation.*

Cardholders Signature:      \_\_\_\_\_      Date: \_\_\_\_\_

**Parish Use Only**

Date Processed:

Giver Reference:



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## OFFERTORY GIVING PROGRAM—DIRECT DEBIT REQUEST

### DETAILS OF ACCOUNT AUTHORITY

I/We

Name of customer (s) giving the DDR

Authorise  
You

**ARCHDIOCESAN DEVELOPMENT FUND**

**062782**

APCA User ID Number

To arrange for funds to be debited from my/our account at the Financial Institution identified below and as prescribed below through the Bulk Electronic Clearing System (BECS).

This authorisation is to remain in force in accordance with the terms described in the Fees – Direct Debit Request – Service Agreement

Signature of Customer

Signature of Customer

### DETAILS OF ACCOUNT TO BE DEBITED

Name of  
Financial Institution

Branch Location

Account Details

BSB Number (6 digits)

Account Number

Account Name (Initials & Surname)

### PAYMENT DETAILS

The below mentioned amount will be debited from your account on the **25th of each month** at the financial institution identified above.

**1st Collection**

\$ \_\_\_\_\_ : \_\_\_\_\_

**Amount of:**

Per month

**Credit ADF A/C: 608 S11.5**

**PARISH REFERENCE:**

**2nd Collection**

\$ \_\_\_\_\_ : \_\_\_\_\_

**Amount of:**

Per month

**Credit ADF A/C: 608 S15**

**PARISH REFERENCE:**