



My Thanksgiving Offering

Please return to:
Carmelite Parish Office
274 Rouse Street
Port Melbourne Vic 3207

Name: _____

Present Envelope
Number (if known)

Address: _____

Post Code _____ Phone _____

My old pledge was: \$ _____ weekly **OR** \$ _____ per.....

My new pledge will be: \$ _____ weekly **OR** \$ _____ per.....

My age group is under 30 30-39 40-49 50-59 60-70 70+

Please send me offering envelopes **or** Please send me details on direct debit **or** Please debit my credit card

  Cardholder's Name _____

Expiry Date _____

On the _____ day of each MONTH/QUARTER for a term of _____ years, expiring on _____

with the sum of \$ _____ Signature _____ Date _____

I understand that this authority may be cancelled in writing at my option.