



GIVING FORM

HOLY TRINITY CATHEDRAL, AUCKLAND

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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 Giving Recorder and Receipt Provider.

Please complete this form, place it in a sealed envelope marked for the recorder's attention and either drop it into the offertory bag or return it to the church office, by hand or via our postal address above.

NAME AND ADDRESS *(Details required for issuing a receipt)*

Full Name(s) *(please print)* _____

Address *(for annual receipt)* _____

Phone _____ Email _____

NEW PLEDGE

I/we wish to make regular payments of \$ _____ weekly OR monthly OR _____

CHANGE PLEDGE

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 (date): _____

OR

I/We have changed the amount from \$ _____pw/pm to \$ _____pw/pm

Please supply your giving number or name that will appear on HTC 's bank statement.

Our account number: BNZ NEWMARKET 020192 0031919 00.

2. I/We would like to start using envelopes. *(HTC will supply you with your unique giving number.)*

I/We would like to make a Thanksgiving or Annual Appeal Gift.

A special gift is enclosed of \$ _____ Pledge number *(if applicable)* _____

I/We have donated online to your bank account the amount of \$ _____

I would like to promise a future gift of \$ _____ in the month of _____