

ST. MICHAEL'S HALL GIFT ADVICE

Please return completed before Friday 30/05/08



INDIVIDUAL / FAMILY / TRUST GIFT

Name/s

Or Trust Name

Address

Day Ph Evng Ph

Email address

COMPANY GIFT

Org Name

Contact Name

Address

Day Ph Evng Ph

Email address

1. GIFT OPTIONS

- An immediate gift of \$
- A monthly pledge of \$ per month, for the next months from (date)
- I/We regret that we will not be making a contribution at this time

2. PAYMENT OPTIONS

- Cheque enclosed for \$ (please make cheques payable to 'RC Bishop of Auckland')
- Bank transfer. Please send me bank details so that I may complete a single bank transfer (this will be sent to the email address above).
- Please send me an automatic payment form to complete and return to my bank (this will be sent to the email address above)
- Please charge my credit card : Visa MasterCard

Card Number Expiry Date /

Cardholder Name Cardholder Signature

Donations, Gifts and Sponsorship may be tax deductible within the provisions of the Income Tax Act 2007. Receipts for taxation purposes will be issued – please retain these.

3. GIFT RECOGNITION

- I am happy for my/our name to be listed along with other donors in newsletters or other communication material. Individual amounts will not be published.
Please use this name for recognition of our gift: e.g. The Smith Family
- I/We wish for our gift to remain anonymous

4. YOUR SIGNATURE

x Printed Name on (date)

YOUR COMMENTS

- I/We would like someone to personally respond to the comments below.

We thank you for your support
St. Michael's Catholic School Board of Trustees