

South Brisbane Chaplaincy Partnership Form

Thank you for supporting Chaplaincy at Brisbane State High School!

My gift to South Brisbane Chaplaincy is: \$ _____

My cheque or money order is enclosed.

I would like to give by regular monthly credit card deduction of \$ _____

Please debit my credit card MasterCard Visa AMEX Diners Card No:

Name on Card:(Mr/Mrs/Ms/Miss/Dr) _____

Signed: _____ Expiry Date of card: _____

- Please add me to the mailing list for future correspondence on the Chaplaincy program

Name: _____

Address line 1: _____

Address line 2: _____

Email address: _____

- Please remove my name from this mailing list so I no longer receive future correspondence

Donations over \$2.00 to South Brisbane Chaplaincy (ABN 76 636 116 322) are tax deductible. Please return this slip to the address above, or email to info@southbrisbanechaplaincy.com. Your name and address details are used by the Association to contact you and are not given or sold to any other person or entity.

Direct Debit or Third Party transfer information

If you wish to establish a direct debit request with your bank **OR** if you wish to arrange a third party transfer through your internet-banking facilities the following account information will be needed:

Account Name: The Christian Education Association – South Brisbane Inc. (Branch: CBA West End)

BSB Number: 064 131

Account Number: 00910985

Please ensure that you put your name in the 'To Account description' comment or note area if you are doing a third party internet-banking transfer, to ensure that we know who has sent us the money.

You must advise us of any direct debit or third party transfer arrangements you establish so that we can issue a tax deductible receipt to you. Please use the form below to pass this information on to us.

Thank you for supporting the work of the South Brisbane Chaplaincy.

The Treasurer
South Brisbane Chaplaincy



My gift to South Brisbane Chaplaincy:

\$_____ will be credited to South Brisbane Chaplaincy from my account.

I have established this direct debit/ third party transfer arrangement to commence on _

and to be transferred **once only** or **at the following intervals** _____ (e.g. monthly, quarterly, yearly)

Each time a transfer occurs,

I wish a tax deductible receipt to be issued in the following name: _____

and sent to this address:

Signed: - _____

Telephone numbers, Home: _____ Work: _____ Mobile: _____

Email address: _____

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