



GIVING FORM

HOLY TRINITY CATHEDRAL, AUCKLAND

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Email: office@holy-trinity.org.nz
www.holy-trinity.org.nz

In accordance with the Privacy Act, this information is collected to enable the distribution of annual receipts. All information is confidential to the Giving Recorder and Receipt Provider.

Please complete this form and return to the Cathedral office either by email or post using the details above.

If you plan to send by post, please mark the envelope for the attention of the Cathedral Recorder.

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 _____

METHOD OF PAYMENT

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.