STEWARDSHIP PLEDGE CARD Present Envelope Number (if known	RETURN 10:
Name: Email:	DAISVALER
Address:	Postcode: VIC 3153
Phone: Mobile:	My age group is: ☐under 30 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69 ☐ 70+
Envelopes (Available from the Parish Office) My Stewardship Pledge will be: \$ every: □ week □ month □ quarter □ half-year □ year	Or Direct Debit from a nominated bank account (Forms available from the Parish Office) My Stewardship Pledge will be: \$ every: ☐ fortnight ☐ month ☐ quarter ☐ half-year ☐ year
or Credit Card Please debit my Credit Card with the sum of: \$	Please only tick
every:	I UNDERSTAND THAT THIS AUTHORITY MAY BE CANCELLED IN WRITING AT MY OPTION
Name on Card:	Signature: Date://