

AFFIRMATION OF GIVING FORM

Name/s: _____

I/We confirm my/our participation in Planned Giving for the 2016-17 Financial Year.

Signed: _____

Email Address: _____

Phone Number: _____

This form enables us to tally the number of Planned Givers, send you a thank-you note and provide feedback specific to Planned Giving.

FINANCIAL GIVING COMMITMENT

I/we will be giving

\$ _____

each

- week fortnight month
 quarter year other _____



I will give by:

- A regular funds transfer that I will organise with my bank

*BSB: 706 011
Acc: 30003649*

- A regular direct debit that I will organise using an ACF form

(Available from the Planned Giving table)

- Regularly placing an envelope with cash or a cheque in the collection

- Making credit card transactions via the ACF website

<http://www.anglicanfc.com.au>

Please submit this form *even if your giving is not changing.*

TIME COMMITMENT

Name/s: _____

Please tick the appropriate boxes below:

Area	Already do	I'd like to	Tell me more
LITURGY			
Lector (Readings and prayers)			
Host (Welcoming and greeting guests)			
Server (helping in the sanctuary)			
Morning Tea			
Musician			
Children's Ministry			
Choir			
Assist with Taize Worship			
COMMUNITY			
Reading Program at Primary School			
Nursing Home Service			
Visiting people who are sick			
Fundraising for aid projects			
Social Events			
Mainly Music			
INFRASTRUCTURE			
Church cleaning			
Gardening and grounds			
Minor maintenance			

Lawn mowing			
Administration			
Serve on Church Council			
Fundraising for Restoration Project			
Building and maintenance support			
Archives			
Publicity and Communications			
FAITH FORMATION			
Help organise education programs			
Assist with youth program			
Host/lead study group			
Lead meditation			

Any other area where you feel your gifts could be of service:
