

**ARE YOU PART OF THIS GIVING  
COMMUNITY?  
THINK OF WHAT OUR PARISH COULD  
BE IF YOU WERE.**

We invite you to connect with your parish, your community, through the Planned Giving Program

Full Name

Address

Telephone

Mobile

Email

Yes, I want to be part of the work of the Parish of Saints Peter and Paul, Bulimba.

New  Continuing

I would like to make a WEEKLY PLEDGE to the single combined collection of \$

Yes, I would like to make this regular contribution by Direct Debit and I have given details on the back of this card.

Yes, I would like to make this regular contribution by Credit Card and I have given details on the back of this card.

Yes, I will make this regular contribution by placing cash in the weekly envelope.

Date  /  /

Please return this form to the parish office:

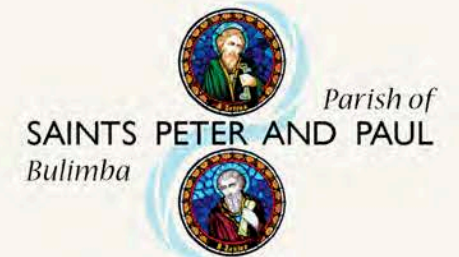
25 Main Avenue, Bulimba, QLD 4171



**PART OF OUR LIVES  
PART OF OUR COMMUNITY**

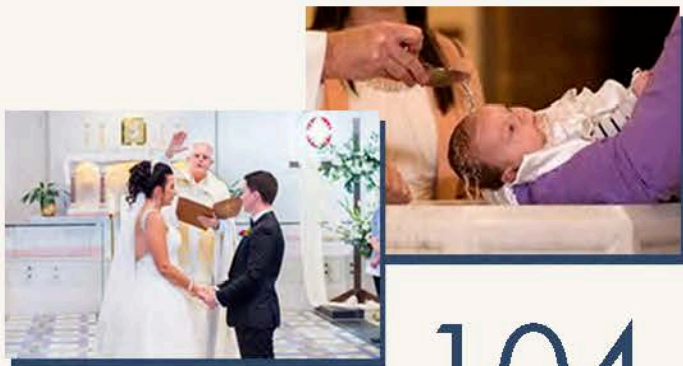


For further information contact:  
25 Main Avenue, Bulimba QLD 4171  
Telephone: 07 33 99 2386  
Email: bulimba@bne.catholic.net.au





EACH YEAR IN OUR PARISH...



104

LIFE EVENT CELEBRATIONS —  
WEDDINGS, BAPTISMS & FUNERALS

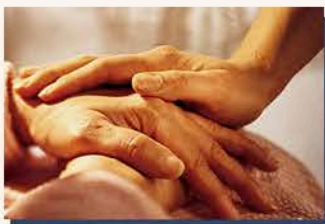


330

SACRAMENTS — CONFIRMATION,  
COMMUNION & PENANCE

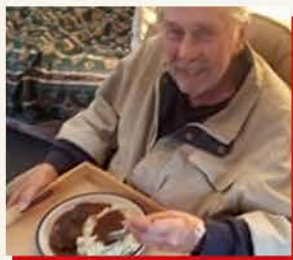
1850

COMMUNITY CARE  
SERVICES —  
COMPASSIONATE SUPPORT & TRANSPORT AND  
HOME VISITS FOR AGED AND SICK



240

COMMUNITY GROUP GATHERINGS — WEEKLY PLAYGROUP,  
DROP IN FRIDAY, STS VINCENT DE PAUL & SOCIAL JUSTICE



2100

MEALS & FOOD HAMPERS  
DISTRIBUTED IN THE  
COMMUNITY

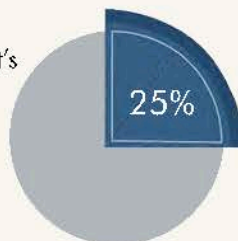
LAST YEAR WE RELIED ON...

226 & 90

REGULAR GIVERS

VOLUNTEERS

That's



25%

of the Parish Community to  
deliver these programs.

PAYMENT OPTIONS

The Person(s) nominated on the reverse of this page make(s) the Weekly Pledge written on the reverse of this page in accordance with the following arrangements:

Direct Debit

I/we authorise the Parish of Saints Peter and Paul, Bulimba (User ID 062782) to debit the weekly amount mentioned on the reverse of this page from my/our account at the financial institution identified below. Acting on my/our instructions, the User may, by prior arrangement and advice to me/us, vary the amount for future debits.

Name of Financial Institution

Branch

BSB

Account No.

Account Name

Signature

Frequency

Fortnightly

Monthly

First Payment

/ /

Credit Card

I authorise the Parish of Saints Peter and Paul, Bulimba, to charge the weekly amount mentioned on the front of this card to my Credit Card as follows:

Type of card

Visa

MasterCard

Card Number

Expiry Date

Name on card

Signature

Frequency

Fortnightly

Monthly

First Payment

/ /

The Parish of Saints Peter and Paul, Bulimba, will provide you with a full service agreement and confirmation of your details regarding this arrangement.