



Our Vision for Ministry  
**2005 Financial Response Form**

**As we plan our finances, it would be very helpful to have some indication of your giving intentions from January 2005.**

- I/We plan to increase my/our giving from January 2005 by:  
 \$5  \$10  \$20  \$50  \$100  \$\_\_\_\_\_ Other Amount (please specify)  
 per:  Week  Month  Quarter  Year
- I/We would like to make a one-off gift of \$\_\_\_\_\_ in addition to my/our normal giving.
- I/We plan to continue our current level of giving in 2005.
- I/We need to reduce our giving by \$\_\_\_\_\_ per week/fortnight/month.
- I/We would like more information about contributing financially to Trinity.

Please contact me:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Beyond Trinity**

(This information will be passed along to the relevant organisation to assist with their financial planning for 2005)

- I/We would like to give/increase my/our giving to \_\_\_\_\_ (Organisation) in support of \_\_\_\_\_ (Missionary Name if applicable)  
 from January 2005 by:  
 \$5  \$10  \$20  \$50  \$\_\_\_\_\_ Other Amount (please specify)  
 per:  Week  Month  Quarter  Year

**Please return this response sheet by Sunday 12 December 2004 to:**

Wardens  
Holy Trinity Church  
87 North Terrace  
Adelaide SA 5000

Or place it in the collection bag

Or place it in the "Everything Box" at the Hills gatherings



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To Friends of Trinity Trust Administrator

Please debit my / our credit card monthly.

Please debit the following amount: \$\_\_\_\_\_ at the frequency indicated above.

Please commence my / our debit on \_\_\_/\_\_\_/\_\_\_.

Please direct my gift to the following ministries:

- 1.FTT: \$\_\_\_\_\_ 2. \_\_\_\_\_ \$\_\_\_\_\_
3. \_\_\_\_\_ \$\_\_\_\_\_ 4. \_\_\_\_\_ \$\_\_\_\_\_
5. \_\_\_\_\_ \$\_\_\_\_\_ 6. \_\_\_\_\_ \$\_\_\_\_\_

Name, Address, P/code, Email, Phone (Day)

Please debit my BANKCARD / MASTERCARD / VISA (delete as appropriate)

\$ ..... (Minimum \$10)

CREDIT CARD NO - - - - - / - - - - - / - - - - - / - - - - -

Valid to - - / - -

Name on Card . . . . .

Signature . . . . .

Name on Card . . . . .

Signature . . . . .

Please return this form to Friends of Trinity Trust, 87 North Terrace, Adelaide 5000, in an envelope marked "Friends of Trinity Trust - PRIVATE & CONFIDENTIAL".

This form can be used to give money to Friends of Trinity Trust and, through it, to other nominated ministries.

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