| REQUEST TO JOIN THE PLANNED GIVING PROGRAM |
|---|
| Tree Gully Parish |
| To the TEA TREE GULLY Parish, |
| I/We would like to join the Planned Giving Program. |
| Name |
| Address |
| Postcode: |
| Phone |
| E-mail |
| Value of Planned Giving Promise \$ |
| Giving schedule |
| I/We will advise the parish if I/We decide to resign from the program and will not hold the parish responsible for any action arising from my/our not doing so. |
| Signature(s) |
| Date / / 20 |

INSTRUCTIONS

Print this page in 'landscape' mode.

Complete all the details.

Cut along line and return form to the Parish Office.

