## St Joan of Arc Catholic Parish

97 Dalhousie Street, Haberfield NSW 2045

PLEASE PRINT CLE	ARLY— (USE	BLOCK L	ETTERS)									
Surname / Family	y Name											
Address											ESHNE IT	HC.
Mobile	l	andline _										
First Name/s	Title eg Mr, Ms, Dr	Date of Birth	Country of Birth	Religion	Baptism Y/N	Com- munion Y/N	Confir- mation Y/N	Occupa- tion		emails		
Place of Marriag	e	l	- I				Date	of Mo	ırria	ge		
Others Currently I	Living at this	Address-	-including	Children	ı—if you	need	more l	lines, p	olea	se add o	a page.	
First Name/s	Male or Female	Date of Birth	Country of Birth	Religion	Baptised Place and date		<b>Communion</b> Place and date		Confirmation Place and date		School / College	

Please return the completed form to <u>admin@stjoanofarc.org.au</u> Or bring it to the Parish Office Tuesday, Wednesday or Thursday between 9.00am and 3.00pm; or MAIL to PO Box 503, HABERFIELD NSW 2045

## PRIVACY NOTICE

We Respect Your Privacy
St Joan of Arc Parish Haberfield (referred to as "we", "our" and/or "us") is collecting your personal information (including your name, contact details (such as phone number and address), demographic information (such as age and occupation), financial information (such as credit card details), religious beliefs or affiliation, and photographs, videos and stories) so that we can:

- contact you;
- provide you with updates on our events and activities:
- provide you with services and information; and

receive offerings and donations from you.

We may use the contact details you have provided to send you marketing information and promotional materials related to our events, activities, functions and initiatives and Archdiocesan or Catholic Church updates and news, including, where you have opted in, via email or other digital communications.

We generally collect personal information directly from you.

If you do not provide us with the personal information we have requested, we may not be able to provide you with services or accept donations from you, to the extent that they require us to collect, use or disclose personal information.

We may disclose your personal information to the Catholic Archdiocese of Sydney, our related entities, contractors providing services to us and to other third party service providers (such as mailing houses) we use in providing our services.

We may also disclose your personal information where we are required or authorised by Australian law to do so (including the *Income Tax Assessment Act* 1997 (Cth)).

You can contact us by using the following details

02 9798 6657

admin@stjoanofarc.org.au

## **PARISH FINANCES**

In carrying out our mission, the Parish very much relies on the financial support and generosity of individual parishioners. This level of support is greatly appreciated. Normal income is in four ways; First Collection; Second Collection, Planned Giving; Sundry Donations.

First Collection (at Sunday Mass) supports the priests of the archdiocese, as well as local priest, with salary and housekeeping costs.

Second Collection (at Sunday Mass) goes to parish operating costs, e.g. telephone, electricity, building maintenance, insurances, and staff wages.

Planned Giving is by a basic commitment of a Parishioner to contribute a regular fixed amount - contributions can be made by using credit card, direct debit or numbered envelopes. These contributions are eligible for a part tax deduction. If you would like to join the Planned Giving Program please complete the attached form.

Sundry Donations – these can be made anytime and are always appreciated.

Contact:

admin@stjoanofarc.org.au

Donations can also be made via the Parish website at:

www.stjoanofarc.org.au

## **PARISH PLANNED GIVING**

e	I am an existing Planned Giver (Planned Giving Number)
f	I wish to join the Planned Giving and support the Parish by a regular donation
)  .	I will do that by using a set of weekly envelopes (A set of envelopes will be
t	prepared and you will be advised when they are ready and where to collect them)
;	I prefer to contribute by Direct debit (a planned Giving number will be allocated
)	to you for administrative purposes)
е	Details: type of Card: Mastercard; Visa; Other
	Expiry date: m/y Name of Card:
у	Amount authorized: \$ Weekly /Monthly/Quarterly,
g	(Please circle your preference)
<b>'</b> ,	Credit Card number:
С	I hereby authorize St Joan of Arc Parish Haberfield to debit my credit card account the amount and frequency I have specified. This authority shall stand, in respect of the above specified card and in
0	respect of any card issued by me in renewal or replacement thereof, until I notify St Joan of Arc Parish
-	Haberfield in writing of its cancellation or a change of amount (s). This Credit Card authority will cancel any previous authority I may have given to St Joan of Arc Parish Haberfield.
g r	
e	Cardholders' SignatureDate:Date:
t	Contact number:Email:
_ '	
0	Please advise full name to whom receipts are to be issued:
o n	· 
	Bank transfer details: Haberfield Parish EFT Receipts
n	· 