



**CATHOLIC CHARITIES APPEAL**

**SEPTEMBER 2024 APPEAL**

**INTERNAL PARISH REMITTANCE ADVICE**



**PARISH:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Number of CATHOLIC CHARITIES SEPTEMBER APPEAL envelopes returned:** \_\_\_\_\_

**(Return unopened if possible – donations will be counted by Catholic Charities and receipts issued to donors from Catholic Charities Office).**

**OTHER DONATIONS:**

Special Collections: .....: \$ \_\_\_\_\_

Parish Function: .....: \$ \_\_\_\_\_

Other (please name): .....: \$ \_\_\_\_\_

Value of Parish cheque: .....: \$ \_\_\_\_\_

Value of EFT to Catholic Charities: .....: \$ \_\_\_\_\_

**BSB: 085-005**  
**Account: 457 35 00 00**  
**Account Name: Catholic Charities**

*Office use only below this line*

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Cheques: .....: totalling: \$ \_\_\_\_\_

Credit cards: .....: totalling: \$ \_\_\_\_\_

Cash: .....: totalling: \$ \_\_\_\_\_

Anonymous donation: .....: totalling: \$ \_\_\_\_\_

Total amount: \$ \_\_\_\_\_

**Total received from Parish:** .....: \$ \_\_\_\_\_