



Everton Park State High School

An Independent Public School

CHAPLAINCY SERVICE

“HIGH VOLTAGE LIFE SUPPORT TO THE STUDENT GENERATION”

If you want to know about the Chaplaincy Service at Everton Park State High School please complete the form below and return to the Administration Office.

Student Name: _____

Address: _____

Phone: Home _____ Mobile _____

Please send me more information about:

- | | | |
|---|--|---|
| <input type="checkbox"/> Pastoral Care | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Lunchtime Groups |
| <input type="checkbox"/> Prayer Groups for the school | <input type="checkbox"/> The Local Committee | <input type="checkbox"/> Holiday Camps |

SUPPORTING EPSHS CHAPLAINCY

I/We would like to support the EPSHS Chaplaincy Service by:

- | | | |
|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Praying | <input type="checkbox"/> Volunteering Time | <input type="checkbox"/> Giving |
|----------------------------------|--|---------------------------------|

You will receive a monthly report of the service and some things to pray about.

I would like to give:

- | | | | | |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$200 | <input type="checkbox"/> Other: |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|---------------------------------|

Every: Month Quarter Year At this time

Please deduct donations from my:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Bank Account (send information) |
| <input type="checkbox"/> | Credit Card (below) |
| <input type="checkbox"/> | Bankcard <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa |

Card Number: - - -

Expiry Date: / Signature:

Name on Card:

Please issue receipt in the name of:
(First Name) (Surname)

Donations to the Everton Park Chaplaincy Service are **Tax deductible**. **Cheques** should be made to: "The Scripture Union Schools Ministry Fund" PO Box 1167, Eagle Farm, QLD. 4009.