

St Patrick's Blacktown Planned Giving

Our Commitment to the work of GOD through our Parish

Existing Planned Giving Contributor Yes/No (please circle)

New to Planned Giving Yes/No (please circle)

Planned Giving by Envelope or Credit Card** (please circle)

Pledge amount per week \$ _____

Family Name _____

Christian Name/s _____

Address _____

Suburb _____ Postcode _____

Tel _____ Mobile _____

Email _____

****If you circled planned giving by credit card,
please complete credit card authority below.**

STANDING AUTHORITY FOR RECURRENT PAYMENT BY CREDIT CARD

Card: (please tick)

Mastercard

Visa

Card Number _____

Expiry ____/____

Description of Goods/Services: Provision of Church and other parish facilities.

Frequency (please tick)

Week 1 of every month

Week 2 of every month

Week 3 of every month

Week 4 of every month

Commence On

(insert date to begin transaction)

____/____/____.

I wish to use my Credit card to make a donation to **ST PATRICK'S CHURCH BLACKTOWN** and I hereby authorise the Merchant to debit my Card account with the amount and at the intervals specified above. In the event of any change in the amount of payment required, I will request the authority to be altered from the appropriate date in accordance with such change.

This authority shall stand, in respect of the above specified card and in respect of any card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation.

Signature _____ Date _____