



St. Christopher's Catholic Church

Heathcote Road, Holsworthy NSW 2173

Telephone: (02) 9825 1679 Fax: (02) 9825 1488

PLANNED GIVING APPLICATION

Please complete this form to:

- join the Parish Planned Giving
- change contribution method
- update your credit card details

Name in full			
Address			
		P/code	
Home Phone No.	Mobile:		
Email Address			

ENVELOPES – I wish to contribute via weekly envelopes. Please allocate me a set.

CREDIT CARD – I wish to contribute via a monthly credit card deductions.

I hereby authorise the Merchant to debit my MasterCard VISA credit card with the amount of \$_____ and at the intervals specified above for goods/services as described. Monthly debit is scheduled on the 4th Tuesday of each month. This authority shall stand, in respect to the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in write of its cancellation.

Credit Card No

Cardholder Name
(as appears on card) _____ **Exp Date** _____ / _____

Payment Description _____ **Payment Frequency** _____

Date of 1st Payment _____ / _____ / _____ **Until end Date (if applicable)** _____ / _____ / _____

Cardholder's Signature _____ **Date** _____ / _____ / _____

OFFICE USE ONLY:

Plan Giving No. _____ Date : _____ / _____ / _____ Details on PACS _____

Payment Reference _____ PG Master: _____

BPOINT: _____