



Planned Giving Form - Credit Card

Please complete your details below and return to the Parish Office, leave in the Parish locked mailbox, or place in an envelope in the weekly collection.

Please note that we no longer offer a tax deductible option at St Thomas.

Standing authority for recurrent periodic payment by credit card

Name: _____

Address: _____

Email address: _____

Phone No. _____ Mobile _____

Bankcard Mastercard Visa Card Expiry Date /

Credit Card Number

<u>Monthly donations</u> Please nominate the amount of your monthly donation for each collection. The monthly "Total" amount will be debited to your credit card (refer to 1 below).	1 st . collection donation Non - Deductible	Church donation Non- deductible		Total MONTHLY donation
TOTAL AMOUNT OF DONATION PER MONTH	\$	\$		\$
MONTHLY TOTAL				\$

Christmas Donation \$

Easter Donation \$

I hereby authorise St Thomas' Catholic Parish, Lewisham to debit my Card account with the amount(s) specified above. In the event of any change in the amount of payment required, I will request the authority to be altered.

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 authorise St Thomas' Catholic Parish, Lewisham in writing of its cancellation.

Cardholders Signature _____ Date: / /

Please tick box if this is a change to a previous authority

For your information:

- Your Monthly Planned Giving donation will be debited to your credit card during the second week of every month.
- Your Christmas donation will be debited to your credit card during the second week of December annually.
- Your Easter donation will be debited to your credit card during the second week of April annually.
- Please contact the Parish Office if you wish to cancel this authority or defer your donation for any reason.

Parish office Use Only: Reference # Date Received: / /