



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: all donations to the CWF fund are only 50% tax deductible.

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	CWF donation 50% Tax deductible	Church donation Non- deductible	Total MONTHLY donation
TOTAL AMOUNT OF DONATION PER MONTH	\$ _____	\$ _____	\$ _____	\$ _____
MONTHLY TOTAL				\$ _____

Christmas Donation \$ _____

Easter Donation \$ _____

I hereby authorise St Patrick's Parish, Summer Hill 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 St Patrick's Parish, Summer Hill 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 towards the end of every month.
- Your Christmas donation will be debited to your credit card during December annually.
- Your Easter donation will be debited to your credit card 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: _____ / _____ / _____