

Planned Giving by Credit Card

PLEASE USE BLOCK LETTERS

1. Family name:..... Mr, Mrs, Miss, Ms:.....
2. Christian names:
3. Address:
- Postcode:

CREDIT CARD AUTHORITY

1. Please tick one: Mastercard Visa
2. Card number:

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- Expiry date:

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3. Please debit my Mastercard/Visa card account in the third week of each month with the sum of : \$:00 until further notice.
4. Name on card:.....

(I understand that this authority may be varied or cancelled in writing at my option.)

Signature:.....Date:.....

PRIVACY POLICY

This Parish is subject to the provisions of the Privacy Act 1988 and is committed to safeguarding personal information provided by Parishioners. We will not disclose your personal information unless there is a threat to life, health or safety. You have the right to access the personal information we hold about you.