# PARISH PLANNED GIVING PROGRAMME

|  |  |
| --- | --- |
| **Name** |  |
| **Address** |  |
| **Contact Number** |  |
| **Email** |  |

Authority for easy regular monthly payments by Credit Card

|  |
| --- |
| My monthly contribution will be made by: Mastercard/VisaCredit Card Number     Name on Card Expiry Date with the following amounts to support the various financial commitments of the parish (to be drawn on the second week of every month): 1st Collection Offering (priest & some presbytery expenses — not tax deductible) 2nd Collection Offering (all parish expenses – non tax deductible) Charitable Works Fund (official Archdiocesan charity — 100% tax deductible) Total Giving  |

I hereby authorise St Mary Magdalene parish, Rose Bay to debit my card account with the amount specified above. This authority will stand, in respect of the above specified card, and in respect to any card issued to me in renewal or replacement, until I notify St Mary Magdalene of its cancellation.

Cardholder's Signature/Date