

St. Patrick's Parish - Gosford

Planned Giving Programme

STANDING AUTHORITY FOR RECURRENT PERIODIC PAYMENT BY CREDIT CARD

Name: _____

Address: _____

Phone No. _____ Post Code _____

Mastercard Visa Card Expiry Date /

Credit Card Number

Security No of Reverse _____

Monthly Planned Giving to St Patrick's Parish ABN 41 262 019 441		Donation Amount	Donation Frequency [Please circle]
Please nominate the amount of your donation		\$	Monthly Quarterly / Annually

Charitable Works Appeal ABN 87 849 944 998	August	November	May	Monthly Donation
Amount of donation	\$	\$	\$	\$

I hereby authorise St. Patrick's Parish-Gosford, 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, in writing, 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 Gosford, in writing of its cancellation.

Cardholder's Signature _____ Date: / /

Effective from: _____ Effective to: _____

Thank you for contributing to St. Patrick's Parish Gosford's planned giving programme. I am very appreciative of your ongoing generosity and commitment to support your Parish in achieving its Pastoral Mission, and meeting our ongoing expenses.

Fr Tadeusz Seremet SDS
Parish Priest

For your information:

1. Your Monthly Planned Giving donation will be debited to your credit card during the third week of every month.
2. Charitable Works Fund donation will be debited to your credit card during the first week of August, November, and May annually, unless you have authorised a monthly debit, which will be processed during the third week of every month.
3. Please provide the Parish Office with a written cancellation or a newly amended authority form if you wish to amend this donation amount.

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