



St Catherine Labouré Parish
 123 Gynea Bay Road
 Gynea NSW 2227.
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 Facsimile: 9531.1786
 Email: office@stcaths.org.au
 Website: https://stcaths.org.au

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Planned Giving Programme – New Participants and Credit Card Debit Authority

Name:

Address:

Suburb:Post Code:

Phone Number: Mobile No:

I would like to contribute in Cash _____ (amount) per week \$_____ **OR**

Please Debit my/our Credit Card account:

..Each Month Each Quarter half Yearly Annually
 with the amount promised on my/our pledge. (**Amount \$.....**)

I understand that this Authority may be cancelled in writing at my/our option.

Please note: No weekly envelopes will be issued to you, unless you contribute by cash.

CREDIT CARD DETAILS:

Type of Card: VISA MASTERCARD

**DO YOU WISH TO
 CLAIM 30% TAX
 DEDUCTION FROM
 01.07.23 (Please circle)
 YES NO**

Card No:

Expiry Date of Card: Amount \$

Name on Card:

Signature of Cardholder:.....