

REQUEST TO PAY PLANNED GIVING CONTRIBUTIONS BY CREDIT CARD

To the Parish,

I/We hereby request to pay my/our Planned Giving contributions by electronic means.

1. Name (s):
Address:
..... Post Code:
Phone: B/H A/H:
E-mail:

2. Value of Planned Giving Promise \$ (monthly)

3. This authority will commence on / /

4. My planned giving number is.....

5. I would like my monthly contribution to be debited from my credit card

Please debit my Mastercard Visa

Card Number

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Card Expiry Date: /..... Name on card.....

I/We will advise the parish of the cancellation of this authority and will not hold the parish responsible for any action arising from my/our not doing so.

Signature(s):

Date: /..... /.....