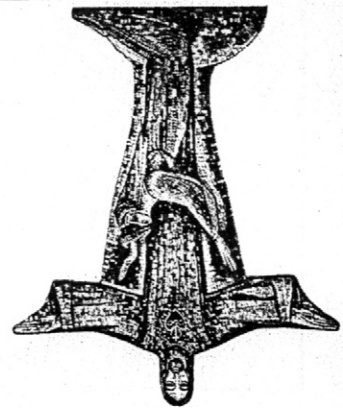


ST. MARGARET MARY'S PARISH MERRYLANDS



Request for Planned Giving By Credit Card

Title:

Prof. Dr. Mr. Mrs. Miss Ms.

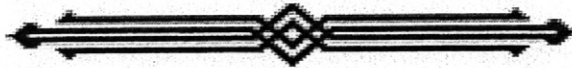
Surname / Family Name:

Christian or Given Names:

Address:

Phone number:

E-mail address:



ST. MARGARET MARY'S PARISH MERRYLANDS

Contribution/Donation to:
St. Margaret Mary's Catholic Parish, Merrylands

Amount per debit: \$ _____

Frequency: Monthly

Debit date: The third week of each month

I wish to use my credit card to pay for the above contribution/donation to **St. Margaret Mary's Catholic Parish, Merrylands (the merchant)**. I hereby authorise the Merchant to debit my Card Account with the amount and at the intervals specified above. This authority shall stand, in respect of the below specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation.

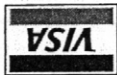
PLEASE COMPLETE ALL CARD DETAILS BELOW

Cardholder Name (as appears on card): _____

Type of Card (circle)



MasterCard



Visa

Card Expiry Date: _____ / _____
 mm / yy

Cardholder's Signature: _____
 Date: _____ / _____ / _____

Card Number:

