



HOLY SPIRIT PARISH CASUARINA

Planned Giving Program – Direct Debit from Credit Card or Envelopes

Please fill in and return to the parish office.

Personal Details

Name:	
Address:	
Contact Telephone:	Home:
	Mobile
Email:	

I wish to contribute to the Planned Giving Program (please tick one box):

planned giving envelopes (The office will contact you once your envelopes are ready to be picked up.)

OR:

Credit Card

Type of Card	Mastercard/Visa (please specify)	
Card Number		Expiry date:
Name on Card	(please print)	

Authority to Debit Card

Please debit the above card the sum of \$ _____ each month or quarter (please specify).

I understand that this authority may be cancelled or altered by me at any time. Any changes or alterations to the authorised amount should be directed in writing to the Parish Office.

Card holder signature: _____ Date: _____

Would you like a receipt at the end of the financial year?

Name (s) to be on tax receipt _____