



ST PATRICK'S Parish Planned Giving Credit Card deduction request form

Present
Envelope
Number

Name: _____

Address: _____

Phone: _____ Email: _____

Please debit my Credit Card Account (please tick)



Card No. ____/____/____/____ Expiry Date ____/____

Name on Card _____

Please deduct (circle) Monthly/Quarterly/Yearly on the 15th Day of the month.

With the sum of \$ _____

I understand this authority may be cancelled anytime at my option.

Signature _____

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