



Planned Giving Application

Please tick as appropriate:

- JOIN** our Planned Giving Program and support the Parish financially.
- CHANGE** contribution method from envelopes to credit card contributions.
- UPDATE** your credit card details.

Please also complete a **PARISH CENSUS FORM** to register your family details (if not already provided).

Please complete your details, and return this form to the Parish office.

Name: _____

Address: _____

Mobile: _____ **Home Phone:** _____

Email: _____

CREDIT CARD - I wish to contribute via monthly credit card deductions.

I authorize St Kevin's Parish, Eastwood to debit my VISA MASTERCARD
on the 28th day of each month, with the amount of \$ _____ until further notice.

I understand that this authority may be cancelled in writing by me at any time.

CARD NUMBER

EXPIRY DATE

NAME ON CARD

SIGNATURE

DATE

____/____/____

ENVELOPES - I wish to contribute via weekly cash envelopes. Please send me a set.

36 Hillview Rd (PO Box 234) Eastwood NSW 2122 P: 9874 2533 F: 9874 5739 E: parish@stkevinseastwood.org.au

www.stkevinseastwood.org.au

OFFICE USE ONLY: PG Number:

Date / /

Details on PACS:

BPOINT: