

ST JOSEPH'S PARISH NAMBOUR PLANNED GIVING PROGRAM

PO Box 569 Nambour Qld 4560. Phone: 5441 1034

Name: Phone:

Address:

This is a **new** pledge and my pledge will be: \$..... each week/month/year, etc.

OR

Present Envelope No.:
This is a **renewal** and my pledge will be: \$ each week/month/year, etc.

Signature: Date:

To contribute by **credit card**, please tick box and complete reverse.

To contribute by **direct debit**, please tick box and authorisation forms will be mailed to you.

Complete this information to contribute by **Credit Card** only.

Please tick: Bankcard Visacard Mastercard

Name on Credit Card:

Credit Card No.:

Expiry Date:

Please debit my CREDITCARD ACCOUNT

THE SUM OF \$ MONTH.

I understand that this authority may be cancelled in writing at my option.

Deductions occur on or at the nearest working day to the 17th of each month.

SIGNATURE: DATE:

(Cards may be placed on collection plate in an envelope or delivered to the Parish Office.)