

ST JOSEPH'S PARISH NAMBOUR PLANNED GIVING PROGRAM
PO Box 569 Nambour Qld 4560. Phone: 5441 1034

Name: Phone:

Address: Email:

This is a new pledge and my pledge will be: \$..... each week/month/year (Circle one).

OR

This is a renewal and my pledge will be: \$ each week/month/year Circle one).

Present Envelope No:

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 sent to you.

We value your privacy. Please see the Parish Privacy Statement: www.nambourcatholics.net.

COMPLETE THIS INFORMATION TO CONTRIBUTE BY CREDIT CARD ONLY.

Please tick:



Name on Credit Card:

Credit Card No:

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Expiry Date:/.....

Please debit my CREDIT CARD 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.)