

## APPLICATION TO JOIN OR MAKE CHANGES TO MY **PLANNED GIVING PROGRAMME** CONTRIBUTIONS

**NAME** : Dr / Mr / Mrs / Ms / Miss (Please PRINT)


Address : \_\_\_\_\_

Suburb : \_\_\_\_\_ Postcode : \_\_\_\_\_

Email : \_\_\_\_\_

Mobile : \_\_\_\_\_

**FOR NEW CONTRIBUTORS** - I would like to join the Planned Giving Programme with a pledge of \$ \_\_\_\_\_ per week / month\* (please indicate)

The **method of contribution** I prefer is (please select ONLY ONE below): 

<b>Weekly Envelopes</b> —These will be supplied to you	
<b>Monthly Credit Card Deduction</b> — Please complete the application below	
<b>Monthly Direct Debit</b> from a Nominated Bank Account - A separate form will be sent to you	

### CREDIT CARD APPLICATION

Please debit my Visa / Mastercard account on a monthly basis **commencing** 15 /    /    /    /    (Deductions will be made on the 15th of each month)

My card details are as follows:

Card No. |\_\_|\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_| |\_\_|\_\_|\_\_|\_\_|

Name on Card \_\_\_\_\_ Expiry Date \_\_\_\_\_ / \_\_\_\_\_

Authorised Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR EXISTING CONTRIBUTORS

I would like to upgrade my current contribution to:

\$ \_\_\_\_\_ per week (for envelopes) or

\$ \_\_\_\_\_ per month (for direct debit)

**PLEASE COMPLETE &  
RETURN THIS FORM  
TO THE PARISH OFFICE**  
If you have any queries, email  
[syndal.finance@cam.org.au](mailto:syndal.finance@cam.org.au)

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Email : [secretary@syndalcatholic.org.au](mailto:secretary@syndalcatholic.org.au)

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