



## SERVING THE COMMUNITIES OF

ST LEONARD'S NAREMBURN • ST PHILIP NERI NORTHBRIDGE • ST THOMAS' WILLOUGHBY
TWINNED WITH THE PARISH OF LETEFOHO, TIMOR LESTE

## **Planned Giving Application**

Please complete this form by selecting your preferred option and return to the Parish office.

- JOIN our Planned Giving Program and support the Parish financially.
- CHANGE contribution method from envelopes to credit card contributions.
- **UPDATE** your nominated credit card details.
- Please complete a PARISHIONER INFORMATION FORM to register your family (if not already provided).

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ess:							
le:	Home Phone:						
<b>:</b>							
DIDE	(please print your email address)	tale and beauty					
	CT DEBIT - I wish to contribute via monthly direct debit that I will set up w	<u>ith my bank.</u>					
	h Bank Account Details:						
Refer Name BSB:	rence: **Please contact the Parish Office for your new Planned Giving Number e: Catholic Parish of Lower North Shore 062 784	Reference**					
Acco	unt: 13928001						
CRED	OIT CARD - I wish to contribute via monthly credit card deductions.						
I auth	norise the Catholic Parish of Lower North Shore to debit my	MASTERCARD					
on th	e 20th day of each month, with the amount of $\$ until further	notice.					
I und	derstand that this authority may be cancelled in writing by me at any time.						
CARE	O NUMBER	EXPIRY DATE					
NAM	E ON CARD						
	ATURE OF CARD HOLDER	DATE					

The information provided in this form is collected and handled in accordance with the Catholic Diocese of Broken Bay's Privacy Policy available on the website at <a href="https://www.dbb.org.au">www.dbb.org.au</a>

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OFFICE USE ONLY:	PG Number:	Date:	/	/	Details on PACS:	BPOINT: