



HOLY NAME CATHOLIC PARISH WAHROONGA

STANDING AUTHORITY FOR RECURRENT PERIODIC CONTRIBUTION BY CREDIT CARD (FRONT PAGE) and ENVELOPES and EFT (SEE OVER)

The 1st Collection provides for the priests of the Diocese of Broken Bay
The 2nd Collection is for the upkeep and running of our own Parish

1. Your Monthly Planned Giving donation will be debited to your credit card about the 15th of the month.
2. Your Christmas donation will be debited to your credit card during December annually.
3. Your Easter donation will be debited to your credit card during April annually.
4. Pastoral Works Broken Bay will be debited to your credit card during August, November and May annually.
5. Please inform the parish office in writing if you wish to cancel this authority or defer your donation.

Name:

Address:

Email:

Mobile:

Card Type
Please tick

Mastercard

Visa Card

Expiry Date
__ __ /20__ __

Card No

Monthly Planned Giving

1 st Collection Donation	2 nd Collection Donation	Total Donation Per Month
\$	\$	\$

Please nominate the amount of your donation for each collection. The "Total" amount will be debited to your credit card (refer to 1 above).

Christmas Donation
\$

Easter Donation
\$

Pastoral Works Broken Bay
Supporting St. Lucy's School, St Edmunds College, Hospital Chaplaincy, Ephithera Centre for the Deaf and CCD (Catechists).

August	November	May
\$	\$	\$

PWBB Donations
\$2.00 and over are
100% Tax Deductible

Authorisation

I hereby authorise Holy Name Parish, Wahroonga to debit my Card account with the amount(s) specified above. In the event of any change in the amount of payment required, I will request the authority to be altered. This authority shall stand in respect of the above nominated card and in respect of any card issued to me in renewal or replacement hereof until I notify Holy Name Parish Wahroonga in writing of cancellation.

Cardholders Signature:

Date:

Thank you for contributing to the Holy Name Parish Wahroonga Planned Giving Program. The Parish is very appreciative of your ongoing generosity and commitment in supporting our Parish to achieve its Pastoral Mission and to meet our ongoing and day to day expenses. Please know that change to your commitment is always possible if your circumstances change.

Thank you for your generosity to our Parish. Fr. Kelvin Lovegrove - Parish Priest



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REQUEST FOR A SET OF ENVELOPES FOR MY WEEKLY CONTRIBUTION

There are set of envelopes available.

Please record the Envelope Set Number you take here: _____

Complete your details here:

Name:

Address:

Mobile:

Email

If you would like to contribute via EFT, our details are:

BSB: 062-784 CBA Martin Place, Sydney

ACCOUNT: 100002016 Wahroonga Catholic Parish

Thank you for your contribution and support.