



**HOLY NAME CHURCH
CATHOLIC PARISH OF WAHROONGA**

35 Billyard Avenue
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If you wish to join the Parish Direct Giving System authorising a MONTHLY direct debit donation from your credit card, please fill in the details required on the “Planned Giving Programme: Standing Authority for Recurrent Periodic Payment by Credit Card” Form.

REQUEST FOR A SET OF ENVELOPES FOR MY WEEKLY DONATION

NAME: _____

ADDRESS: _____

_____ POST CODE: _____

PHONE NUMBER: _____

To assist the Parish meet its financial needs

I/we will endeavour to donate \$ _____ weekly to the Second Collection

To assist in the upkeep of the Parish Priest and the priests of the Diocese of Broken Bay I/we will endeavour to donate \$ _____ weekly to the First Collection

I/we understand that I/we may vary my/our donation at any time according to circumstances. I will inform Fr. Ranson or the Parish Office of any changes.

Signature: _____ Signature: _____

Thank you for your contribution and support.

Fr. David Ranson
Parish Priest

April 2016