

## **Credit Card Direct Debit Request Form**

YOUR DETAILS	
Title: First Name:	Surname
Address	Suburb: Postcode:
Phone Email:	
Preferred Method of Communications (	Phone Email
YOUR PLANNED GIVING (MONTH	HLY) CONTRIBUTIONS
1 <sup>st</sup> Collection – to support our Priests	
I would like to give \$30 \$50 (	\$100 Other \$
<mark>2<sup>nd</sup> Collection</mark> – to support our Parish	
I would like to give \$30 \$50 (	\$100
Charitable Works Fund - to support our v	wider community
I would like to give \$30 \$50 (	\$100
Donation receipts will be sent a	MONTHLY on 15th of each month (or nearest working day). at End of Financial Year, normally in early/mid July. o Charitable Works Fund are tax-deductible.
CREDIT/DEBIT CARD DETAILS	
Please debit my Visa Masterca	ard
Card holders Name :	
Credit Card Number	
Expiry Date:	
Signature:	Date:
The information provided in this form is co	ollected and handled in accordance with the Catholic

## **RETURN YOUR FORM TO**

Wyoming Catholic Parish, 92 Glennie St, Wyoming NSW 2250 Email: wyoming.parish@bbcatholic.org.au Phone: 02 4324 3962

Diocese of Broken Bay Privacy Policy available at <a href="https://www.bbcatholic.org.au/privacy-policy">www.bbcatholic.org.au/privacy-policy</a>.

