

**PARISH THANKSGIVING**  
**St Paul Apostle Catholic Community**

(Please fill in details and mail to:  
St Paul Apostle Parish, 5 William Hovell Drive, Endeavour Hills 3802))

Title: \_\_\_\_\_ Name: \_\_\_\_\_

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

Contact No's:

Home: \_\_\_\_\_ Work \_\_\_\_\_

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

***I wish to contribute to the Planned Giving Program as follows:***

**A. CREDIT CARD**

***My monthly contribution of \$ \_\_\_\_\_ to be paid by:***

**Credit Card – Type:** \_\_\_\_\_  
(Bankcard/VISA/MasterCard)

Name shown on card: \_\_\_\_\_

Card Number: \_\_\_\_\_

On the 1<sup>st</sup>/14<sup>th</sup>/28<sup>th</sup> day of the month. Please circle date you wish deduction to be made.

Expiry Date: \_\_\_\_ / \_\_\_\_ Signature: \_\_\_\_\_

I hereby authorize the Merchant to debit my Card Account with the amount and frequency specified above. This authority shall continue until I notify in writing the merchant in writing of its cancellation.

Signature: \_\_\_\_\_

OR

**B. DIRECT DEBIT**

**Bank:** \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

BSB Number: \_\_\_\_\_

I hereby authorize the Debit User to arrange for funds to be debited from my/our account at the financial institution identified above and as prescribed through the Bulk Electronic Clearing System (BECS).

Signature: \_\_\_\_\_

**B. ENVELOPE**

I wish to register for new envelopes \_\_\_\_\_ (please tick)