

## REQUEST TO PAY PLANNED GIVING CONTRIBUTION BY CREDIT CARD

### Tree Gully Parish

To the TEA TREE GULLY Parish,

I/We hereby request my/our Planned Giving contributions by electronic means.

1

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

2

Value of Planned Giving Promise \$  -

3

This authority will commence on \_\_\_\_/\_\_\_\_/20\_\_

4

My planned giving number is

5

I would like my monthly contribution to be debited from my credit card

Bankcard    Mastercard    Visa

Card Number

Expiry Date on \_\_\_\_/\_\_\_\_

Name on card \_\_\_\_\_

I/We will advise the parish of the cancellation of this authority and will not hold the parish responsible for any action arising from my/our not doing so.

Signature(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/20\_\_

## INSTRUCTIONS

Print this page in 'landscape' mode.

Complete all the details.

Cut along line and return form to the Parish Office.

