Our Lady of the Sacred Heart Randwick
St Margaret Mary's Randwick North

PLANNED GIVING CAMPAIGN

PERSONAL DETAILS

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other: _____

First name: _____ Surname: _____

Address: _____

Suburb: _____ Post code: _____

Phone (h): _____ Mobile: _____

Email: _____

PAYMENT METHOD

I would like to pay my contribution by: ☐ Credit Card (preferred option)

☐ Weekly envelopes

CREDIT CARD DETAILS

Complete the following details if you chose Credit Card above

Please select type of credit card: ☐ MasterCard ☐ Visa

Card number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Cardholder name: _____ Expiry date: ____/____

CONTRIBUTION

I pledge the following amount (please complete only one):

PER MONTH: ☐ $100 ☐ $75 ☐ $50 ☐ $25 ☐ Other: $ _____

or

PER WEEK: ☐ $30 ☐ $20 ☐ $10 ☐ $5 ☐ Other: $ _____

or

OTHER: $ _____ Per_____ *(eg. quarter, year)*

I understand that I may revise my contribution at any time.

Signature: _____ Date: _____