

## SECOND COLLECTION FORM (Supporting the upkeep and running of the parish)

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

Phone: \_\_\_\_\_

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

Church: \_\_\_\_\_

Please tick the fund that you wish to donate to.

Please note that donations made to any one of the parishes listed are no longer tax deductible. However, Donations to the CWF, Caritas and the Priests Retirement Foundation remain 100% tax deductible.

		Monthly	Yearly
<input type="checkbox"/> Sacred Heart Parish	Amount:	Frequency: <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Blessed Sacrament Parish	Amount:	Frequency: <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> St Therese's Parish	Amount:	Frequency: <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> St Joseph's Parish	Amount:	Frequency: <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Charitable Works Fund	Amount:	Frequency: <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Priests Retirement Foundation	Amount:	Frequency: <input type="checkbox"/>	<input type="checkbox"/>

Please choose method:

Planned Giving Envelopes – please register me for the planned giving envelope collection (Office use: Envelope No. \_\_\_\_\_ )

Credit Card Deduction Method - I wish to contribute to the planned giving program by using my credit card. I hereby authorise the merchant to debit my card with the amount and frequency as specified below. This authority shall continue until I notify the merchant in writing of its cancellation.

Credit Card Details

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

Mastercard       Visa

Card Number: □□□□ □□□□ □□□□ □□□□

Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount of deduction \$ \_\_\_\_\_

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

Today's date: \_\_\_\_\_ Date for commencement \_\_\_\_\_