



The Catholic Parish of St. Canice
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PLANNED GIVING PROGRAM

Please fill in details and return the form to the parish office by one of the following:

- Place form on the Collections plate
- Email to lynelle@stcanice.com.au
- Fax to 9358 3170
- Mail to St Canice Parish, 28 Roslyn Street, Elizabeth Bay 2011

Surname: _____ Name: _____

Address: _____

Contact Phone: _____ Email: _____

I would like a financial year-end receipt to claim tax deductibility: YES / NO (circle one)

Please Note: All tax deductible donations support St Canice's Kitchen. Non tax deductible donations support other parish works.

DIRECT DEBIT – CREDIT CARD

(please tick) Please debit the amount of \$ _____ per month from the following credit card.
(Please note this amount will be deducted on or around the 26th of each month.)

Date of first payment: ____/____/____

Type of Card: (please tick): Visa MasterCard

Cardholder Name: _____ Expiry Date ____/____ CVV: _____

Card Number: _____

I hereby authorise The Catholic Parish of St Canice (Merchant) to debit my Credit Card Account with the amount and at the intervals specified above for goods/services as described. In the event of any change in the amount of payment required, I will request the authority to be altered from the appropriate date in accordance with such change. This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation.

Cardholder's Signature: _____ Date: ____/____/____

DIRECT DEPOSIT

(please tick) I would like to make my contribution by direct deposit.

Please make arrangements with your bank to deposit to the following account:

BSB: 062 784 **Account No:** 5355002 **Account Name:** Elizabeth Bay Parish Church Account **Ref:** Surname (PG)

PLANNED GIVING ENVELOPES

(please tick) I wish to register for new envelopes. **The Parish Office will contact you to organise collection of Envelopes.**

OFFICE USE ONLY: Payment Reference: _____