

*St Mary of the Cross Mackillop Upper Blue
Mountains Parish*

Planned Giving Pledge

PARISHIONER DETAILS

FAMILY NAME..... DR,MR, MRS, MISS, MS,.....

CHRISTIAN NAMES.....

ADDRESS.....

.....POSTCODE.....

PHONE.....EMAIL.....

A. ENVELOPE OPTION

(Office Use Only)

MY/OUR PLEDGE \$.00 PER WEEK

ENVELOPE NUMBER.....

You may revise my offering at any time should you desire.

B. CREDIT CARD OPTION

CREDIT CARD NUMBER

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EXPIRY DATE

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CVN

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PLEASE DEBIT MY VISA/MASTERCARD ON THE 1ST MONDAY / 3RD MONDAY OF EACH MONTH

FOR THE SUM OF \$.00 UNTIL FURTHER NOTICE.

NAME ON CARD.....

SIGNATURE.....DATE.....

PRIVACY POLICY

This Parish is subject to the provision of the Privacy Act 1988 and is committed to safeguarding personal information provided by Parishioners. We will not disclose your personal information unless there is a threat to life, health or safety. You have the right to access your personal information we hold about you.