



Holy Spirit Catholic Parish

Planned Giving Pledge Form

Name _____
 (Single person in whose name the Tax Receipt will be written.)

Title: Mr / Mrs / Miss / Ms
 (Please circle.)

Address _____
 _____ Postcode _____

Current Envelope
 Number (if known)

Phone _____ (home) _____ (b/h)
 _____ (mob)

Email _____

Note: Receipts will be issued via email unless specifically requested otherwise.

Primary Mass Centre: Holy Spirit Church, Amaroo St Francis Xavier, Hall

New Contributor Please choose one of the three methods of donation:

Option 1: Direct Debit Deductions - (A preferred option.)

- I would like to continue with my current contribution.
- I would like to start using this method. Use the **WHITE FORM**.
- I would like to change the amount. Use the **PEACH FORM**.
- I would like to change the **account** from which my deductions are made. Please complete the **PEACH FORM** to cancel the current deductions and the **WHITE FORM** to start the new deductions.

Option 2: Credit Card Deductions (A preferred option.)





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Exact Name on Card _____ Expiry Date ____ / ____

Please debit my Credit Card/Debit Card account (please tick)

- Monthly (about the 20th of the month) Half-Yearly (about 20th Dec & Jun)
- Quarterly (about 20th Sept, Dec, Mar, June) Yearly (about 20th Sept)

with the sum of _____ commencing _____(date).

I understand this authority may be cancelled at my option.

Signature _____ Date _____

Option 3: Envelope Contributions - I would like to use the traditional envelopes.

My gift will be
 (please circle frequency)

Weekly/Fortnightly/Monthly/Quarterly/Yearly
 \$