



Holy Spirit Catholic Parish

Planned Giving Pledge Form

Name _____

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

Address _____

_____ Postcode _____

Current Envelope
Number (if known)

Phone _____ (home) _____ (b/h)

_____ (mob)

Email _____

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.)☐☐

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
\$