

Request to pay Planned Giving Contributions By Credit Card

I/We hereby make application to pay my/our Planned Giving contribution to

Salisbury Catholic Parish
(PARISH NAME)

1. Name:.....
Address:
..... Postcode.....
Phone:

2. My / Our pledge is: \$

3. This authority will commence on/...../.....

4. My Planned Giving number is: (Parish to complete)

5. I would like my contribution to be debited from my credit card

Please debit my: MASTERCARD VISA

Card Number:

Name on Card:

Card Expiry Date:/...../.....

I/We will advise the Parish of the cancellation of this authority and will not hold the Parish responsible for any action arising from my/our not doing so.

6. Cardholder's Signature (s):

Date: / /