

CREDIT CARD AUTHORITY

Please pay to Our Lady of the Angels Parish Rouse Hill Planned Giving Programme,
once per month until this authority is withdrawn, the amount of:

New Contribution

I wish to contribute \$.....per month

Current Contribution

I wish to increase my contribution
by \$.....per month

To be charged to my Mastercard Visa (Please tick one)

Name on card.....

Billing Address:.....

Post Code.....Phone.....

Email.....

Card number.....Expiry Date.....

Signature.....Date.....

As a note:

\$30 pw = \$130 per month

\$40 pw = \$173 per month

\$50 pw = \$217 per month

\$100 pw = \$433 per month