

STEWARDSHIP PLEDGE CARD

Present Envelope Number (if known) _____

RETURN TO:
Our Lady Help
of Christians Parish
480A Gillies St North
Wendouree VIC 3355
By Sunday 3 March 2019

Please Use Block Letters

Name: _____ Email: _____
Address: _____ Postcode: _____
Phone: _____ Mobile: _____
My age group is: under 30 30-39 40-49 50-59 60-69 70+

Credit Card

Please debit my Credit Card with the sum of: \$ _____

Every: month quarter half-year year

Name on Card: _____



Expiry Date: ____/____/____

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I UNDERSTAND THAT THIS AUTHORITY MAY BE CANCELLED IN WRITING AT MY OPTION

Signature: _____ Date: ____/____/____

Direct Debit from a nominated bank account

(Forms available from the Parish Office)

My Pledge will be: \$ _____

Every: fortnight month quarter half-year year

Envelopes

(Available from the Parish Office)

My Pledge will be: \$ _____

Every: week month quarter half-year year

Produced by the **PARISH DEVELOPMENT OFFICE**