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| **To:** |  Regina Coeli Parish Office |
| 2 Yarallah Place (PO Box 100) |
|  Beverly Hills NSW 2209 |

1. **Request to join Regina Coeli Parish Planned Giving Program**

I want to assist Regina Coeli Parish missionary works and maintain & improve facilities. Please enrol me in the Regina Coeli Parish Planned Giving Program:

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  |  **Given Name(s):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** |  | **Contact No:** | ( ) |
|  | **Email:** |  |
|  |

1. **Optional Standing Order Authority for Recurrent Periodic Payment by Credit Card for existing & new Regina Coeli Parish Planned Giving Program Participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  |  **Given Name(s):** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Address:** |  | **Contact No:** | ( ) |
|  |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Card:** (tick appropriate box) |  |  **MasterCard** |  |  **VISA** |  |

**Card Number:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cardholder Name**: (as appears on card) |  |  **Card Expiry Date:** |  **/** |

|  |  |
| --- | --- |
| **Payment Description:** |  |

 (e.g .Planned Giving Donation etc.)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Payment Amount:** | **$** |  **Frequency:** | Weekly | [ ]  | Monthly | [ ]  |  Fortnightly | [ ]  |
| Quarterly | [ ]  | Annually | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of first payment:** |  **/ /**  |  | **Until End Date:** (if applicable) |  **/ /** |

I hereby authorise Regina Coeli Parish, Beverly Hills (the Merchant) to debit my Credit Card Account with the amount and at the intervals specified above. In the event of any change in the amount of payment required, I will request the authority to be altered from the appropriate date in accordance with such change.

This authority shall stand, in respect of the above specified Card and in respect of any Card issued to me in renewal or replacement thereof, until I notify the Merchant in writing of its cancellation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Cardholders Signature:** |  |  **Date:** |  **/ /** |

Office Use Only

|  |  |
| --- | --- |
| Payment Reference: |  |