

ANNERLEY EKIBIN CATHOLIC PARISH

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PLANNED GIVING PLEDGE FORM

NEW REQUEST ALTERATION CANCELLATION

Surname: _____ Christian Name(s): _____

Address: _____ State: _____ P/code: _____

Pledge: \$ _____ Frequency: Weekly / Fortnightly / Monthly

Giver's Signature: _____ Date: _____

- I would like to give via ENVELOPES (we will advise when these are ready)
- REGULAR CREDIT CARD DONATION *
- REGULAR DIRECT DEBIT DONATION *

(* We will send you the forms to set up regular
Credit Card or Direct Debit payments)

Parish Use Only

Reference _____