

Planned Giving Envelopes

Name: _____

Address: _____ Post Code: _____

Phone: _____ email: _____

My pledge will be: \$ _____ or \$ _____ per _____.

I understand that I may revise my offering at any time should I so desire.

Signature: _____

To contribute with credit card please complete the following:

Please tick: Visa MasterCard

Credit Card number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ Expiry Date: _ _ / _ _

Please debit my credit card account on the first Tuesday of each month for a term of _____ years, expiring on the _____ with the sum of _____.

I understand that this authority may be cancelled in writing at my option.

Signature: _____