

Planned giving registration form

Name: _____

Phone: _____

Address: _____

Please tick the fund that you wish to donate to.

Please note that donations made to 1st and 2nd collection are not tax deductible. However, Donations to the CWF, Caritas and the Priests Retirement Foundation remain 100% tax deductible.

Monthly Yearly

- | | | | | |
|---|---------------|------------|--------------------------|--------------------------|
| <input type="checkbox"/> Support of the Priests (1st Collection) | Amount: _____ | Frequency: | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Holy Family Parish (2nd collection) | Amount: _____ | Frequency: | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Charitable Works Fund | Amount: _____ | Frequency: | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Priests Retirement Foundation | Amount: _____ | Frequency: | <input type="checkbox"/> | <input type="checkbox"/> |

Please choose method:

- Planned Giving Envelopes** – please register me for the planned giving envelope collection (*Office use: Envelope No.*)
- Credit Card Deduction Method** - I wish to contribute to the planned giving program by using my credit card. I hereby authorise *the merchant* to debit my card with the amount and frequency as specified below. This authority shall continue until I notify *the merchant* in writing of its cancellation.

Credit Card Details

Name on card _____

Mastercard Visa

Card Number: □□□□ □□□□ □□□□ □□□□

Expiry Date: ____/____/____ Amount of deduction \$ _____

Cardholders Signature: _____

Today's date: ____/____/____ Date for commencement ____/____/____