



MARY, QUEEN OF THE FAMILY
PARISH, BLACKTOWN

Planned Giving or Credit Card Donation

Surname: **Given Names:**

Address:

Email: **Contact No:**

Please select your prefer method of payment:

Envelope Donation

Credit Card: MASTERCARD VISA

Expiry Date:/..... **Amount:** \$.....

Frequency: Weekly Monthly Once off

Cardholder's signature: **Date:**