



# PLANNED GIVING PROGRAM

Parishes of St Francis of Assisi & St Joseph

More information?  
email [giving@stfrancis-stjoseph.com](mailto:giving@stfrancis-stjoseph.com)  
or call 9331 4043



**PARISHES**  
OF ST FRANCIS  
& ST JOSEPH

# Parishes of St Francis of Assisi & St Joseph Planned Giving Program

Please fill in the below details and return via the box in the church or to the  
Parish Office

Surname: \_\_\_\_\_ Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I would like to claim an end of year tax deduction on my planned giving  
donations:

**YES / NO (circle one)**

*Please Note: All tax-deductible donations support St Francis Social Services or the Charitable Works Fund quota of the Parish. Non tax deductible donations support other parish works.*

Please complete either Option One or Option Two

## Option One

*Envelopes: If you would like to make a weekly cash donation*

I would like to receive a set of envelopes for contributions to

**ST FRANCIS / ST JOSEPH (circle one)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*You will be notified by phone or email when a set of envelopes are available for your collection.*

# Option Two

*Credit Card: If you would like to make a monthly donation (recurring) via credit card.*

I would like to make a standing monthly donation via my credit card to:

**ST FRANCIS / ST JOSEPH (circle one)**

## Standing Authority for recurring payment by Credit Card

Please debit the amount of \$\_\_\_\_\_ per month from the following credit card.

(Note this amount will be deducted on the last Thursday of every month.)

Type of Card: (please circle)      VISA      MASTERCARD

Cardholder Name: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ CVV: \_\_\_\_ \_

Card Number: \_\_\_\_\_

*I hereby authorise the Parishes of St Francis of Assisi, Paddington or St Joseph, Edgecliff to debit my credit card with the monthly amount specified above. 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 St Francis of Assisi, Paddington & St Joseph, Edgecliff, in writing of its cancellation or change of amount(s). This Credit Card authority will cancel any previous authority I may have given to St Francis of Assisi, Paddington & St Joseph, Edgecliff.*

Cardholders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Envelope #

Staff  
Date

