



**Welcome To**

**TOGETHER AS ONE IN FAITH**

**OUR LADY OF MT CARMEL - MT PRITCHARD**

***Under the Pastoral Care of the Scalabrinian Fathers***

## **CONTRIBUTING TO THE PARISH PLANNED GIVING PROGRAM**

As a **new and welcome** parishioner you are invited to support your parish in one or more of the following ways:

- Join and actively participate in one or more of the many Ministries available to our parishioners. See the list on the following page.
- Assist our volunteer organisers in staging the many events or celebrations held in the parish.
- Become a regular contributor to our "Planned Giving Program" each week.
- Making a special one-off donation to support the parish at any time.

Contributions to the Parish Planned giving Program ensures the establishment and maintenance of the pastoral needs of the parish, and the practical management of running costs, and building programs.

Your support of this important aspect of parish life is greatly appreciated. If you wish to participate, please complete the details below.

**Member's Name/s:**

**Giving Options**

☐

**Weekly Envelope** (A set of weekly envelopes will be provided to you)

☐

**Credit Card** (Please complete the Authorisation on next page)

**Member's Signature:**

### **Pledge (Optional)**

I will try to give the amount shown below as a regular and sacrificial offering during the financial year. Should circumstances change, I understand that I am free to reduce or increase my obligation.

Weekly Pledge \$ \_\_\_\_\_ **OR** Quarterly/Monthly/Yearly Pledge \$ \_\_\_\_\_

## STANDING AUTHORITY FOR RECURRENT PERIODIC PAYMENT BY CREDIT CARD

**To:** Our Lady of Mt Carmel Parish Mt Pritchard, 230 Humphries Road Bonnyrigg NSW 2177

**I wish to contribute from my:** (Please Tick) ☐ **MASTER CARD** ☐ **VISA CARD**

**Card Number**

**Amount** \$  ☐ **MONTHLY** ☐ **QUARTERLY** ☐ **ANNUALLY**

**Proposed Period of Donation:** \_\_\_\_\_ (This is not a binding commitment)

I hereby authorise the Merchant to debit my Card account with the amount and at the intervals specified above. In the event of any change in the amount of payment required, I will in writing request the authority to be altered from the appropriate date in accordance with such change.

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 the Merchant in writing of its cancellation.

**Cardholder's signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Office Use Only: Date Registered** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Envelope Number:** \_\_\_\_\_