

✂ PLEASE PRINT

Name: _____

Address: _____

_____ Post Code _____ Phone _____

Present Envelope
Number (if known)

My old Pledge was	\$	weekly	OR	\$	per
My new Pledge will be	\$	weekly	OR	\$	per

Please only tick one

Please send me offering envelopes Please send me details on direct debit Please debit my credit card



Name on Card _____

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| Expiry Date _____

Each MONTH/QUARTER for a term of _____ years, expiring on _____

with the sum of \$ _____ Signature _____ Date _____

I UNDERSTAND THAT THIS AUTHORITY MAY BE CANCELLED IN WRITING AT MY OPTION

WEEKLY INCOME	One Hour 2.5% p.w.
\$2000	\$50
\$1500	\$37.50
\$1000	\$25
\$800	\$20
\$500	\$12.50

Return to:

Our Lady of Lourdes Parish
25 Orange Grove
BAYSWATER 3153