

STEWARDSHIP PLEDGE CARD

Present Envelope Number (if known)

RETURN TO:

Catholic Parish Melton
PO Box 96
Melton VIC 3337
By Sunday 2 June 2019

Please Use Block Letters

Name: _____ Email: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____

My age group is: under 30 30-39 40-49 50-59 60-69 70+

Credit Card

Please debit my Credit Card with the sum of: \$ _____

Every: month quarter half-year year

Name on Card: _____

Please only tick one



Expiry Date: ____/____

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

Signature: _____ Date: ____/____/____

Direct Debit from a nominated bank account

(Forms available from the Parish Office)

My Pledge will be: \$ _____

Every: fortnight month quarter half-year year

Envelopes (Available from the Parish Office)

My Pledge will be: \$ _____

Every: week month quarter half-year year

Produced by the PARISH DEVELOPMENT OFFICE