



St Agatha's Catholic Church, Pennant Hills  
PLANNED GIVING PROGRAM 2017

Ph: 9484 1427 Email: [office@stagatha.org.au](mailto:office@stagatha.org.au)



*Let everything you do  
be done in love.*

*1 Corinthians 16:14*





**St Agatha's Catholic Church, Pennant Hills**  
**PLANNED GIVING PROGRAM 2017**



Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Email: \_\_\_\_\_

**2ND COLLECTION (RUNNING OF CHURCH & PARISH) PAYMENT OPTIONS:**  
**(Choose ONE option only)**

**OPTION 1:** For parishioners who already have a set of envelopes:

My new pledge is \$ \_\_\_\_\_ per week given in my envelopes # \_\_\_\_\_.

**OPTION 2:** For Parishioners who do not have a set of envelopes at present but would like to have a set of envelopes issued to them:

My pledge is \$ \_\_\_\_\_ per week given in my envelopes.

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

**OPTION 3:** For Parishioners who would like to make a bank standing order payment or recurring electronic transfer:

My new monthly pledge is: \$ \_\_\_\_\_ per month.

*You will be contacted by the parish office with the account details.*

**OPTION 4:** Standing authority for recurrent periodic payments by credit card:

Name on Card : \_\_\_\_\_

- My new monthly pledge is: \$ \_\_\_\_\_ per month.
- I authorise St Agatha's Parish to increase my donation in line with CPI each year.
- MasterCard       Visa Card      Expiry Date \_\_/\_\_/\_\_

Credit Card Number:

I hereby authorise St Agatha's Pennant Hills to debit my card account 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 Agatha's, Pennant Hills, 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 Agatha's, Pennant Hills.

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

PLEASE NOTE: For existing envelope contributors only:

This new credit card authority now replaces my envelopes # \_\_\_\_\_.

**FOR CONSIDERATION:**  
**Would you like to make a one-off donation to St Agatha's? Perhaps towards one of our special appeals or projects? Please contact the parish office on 9484 1427.**  
 **Please contact me to discuss.**

**Examples for monthly contributions** (feel free to select any other amount or combination):

\$10/week equates to \$43/month	\$20/week equates to \$87/month	\$30/week equates to \$130/month	\$50/week equates to \$217/month	\$75/week equates to \$325/month
\$15/week equates to \$65/month	\$25/week equates to \$108/month	\$40/week equates to \$173/month	\$60/week equates to \$260/month	\$100/week equates to \$433/month