PARRAMATTA LATIN MASS CHAPLAINCY
BUILDING FUND
Donation Form

All benefactors please print clearly in **BLOCK CAPITALS**

TITLE	FIRST NAME	SURNAME
ADDRESS		
EMAIL		PHONE

MONTHLY AMOUNT

My regular monthly donation will be:

❑**$30** ❑**$60** ❑**$90** ❑**$150** ❑Other *(please specify)* $_____/ month

I wish to pay by:

❑Electronic Transfer: **Please contact us for bank details if you would like to donate via direct deposit (EFT/net-banking).**

❑Credit Card: Please complete the credit card details below. ***(*Please see note below)***

I understand that I can cease my monthly donation at any time.

(Tick one) ❑Visa ❑Mastercard Expiry: ☐☐/☐☐ (Month / Year) Monthly Amount: $_____

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

_____ _____

Name on Card *(Please Print)* Cardholder's Signature

SINGLE DONATION

Enclosed is my donation of $_____ by:

❑Cheque: Please make cheques out to: FSSP Parramatta Church Reserve Fund

❑Electronic Transfer: **Please contact us for bank details if you would like to donate via direct deposit (EFT/net-banking).**

❑Credit Card: Please complete the credit card details below. ***(*Please see note below)***

(Tick one) ❑Visa ❑Mastercard Expiry: ☐☐/☐☐ (Month / Year) Amount: $_____

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

_____ _____

Name on Card *(Please Print)* Cardholder's Signature

*Mrs Nancy Hargrave has been appointed to handle the processing of Credit Card transactions, and she may contact you to verify details etc.

COMPLETED FORMS MAY BE

- handed to any of the priests, or
- placed in the collection basket at Mass, or
- posted to - PO Box 46, Pendle Hill NSW 2145 Australia

CONTACT US

Postal Address PO Box 46 Pendle Hill, NSW 2145 Australia
Telephone +61 (02) 8605 9583
Email admin@fssp-parra.org
Website fssp-parra.org