



## PLEDGE FORM

Surname \_\_\_\_\_

First name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone (H) \_\_\_\_\_ (B) \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_

email \_\_\_\_\_

## PAYMENT DETAILS

I pledge to pay the following amount to support the activities of St Joseph's Maronite Parish, Croydon  
(Please tick accordingly):

\$50     \$100     \$250     \$500     Other Amount: \$ \_\_\_\_\_

Weekly     Monthly     Quarterly     Yearly     Once off

Cheque in favour of 'St Joseph's Maronite Parish' is enclosed, or

Cash payment (if paid in person), paid to: \_\_\_\_\_

Direct deposit: **Bank Name:** CDF; **Acc. Name:** Saint Joseph's Maronite Catholic Church - Croydon.

**BSB:** 062784; **Bank Account Number:** 16345201

Periodic Payment (PDC form will be issued to you in 14 days) or

Please Debit my **Credit Card:**     MasterCard     Visa

Credit Card No    | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ | \_\_\_\_ |

Expiry Date    \_\_\_\_ / \_\_\_\_

Name on Card    \_\_\_\_\_

Date & Signature    \_\_\_\_ / \_\_\_\_ / \_\_\_\_    \_\_\_\_\_

*Receipts for regular payments are issued at the end of the financial year.*