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MY FINANGIAL PLEDGE TO St Simon the Apostle Catholic Parish, Rowville	Catholic Parish, Rowville
Surname:	Given name:
Address:	Suburb: Postcode:
Email: Mc	Mobile: Phone:
My age group is: □under 20 □20-29 □30-39 □40-49 □50-59 □60-69 □70-79 □80-89 □90+	170-79 🗆 180-89 🗎 190+
Credit Card PARISH PRESBYTERY	Direct Debit (from a nominated bank account – forms available from the Parish Office) PARISH PARISH
Please debit my Credit Card with the sum of: \$	
every month quarter half-year year	every month aquarter half-year year
Name on Card:	Envelopes (ervelopes available from the Parish Office)
Please tick Wastercaro WISA Expiry Date:/	PARISH PRESBYTERY
	My financial pledge will be:
	every week month quarter half-year year
I understand that I may cancel this authority in writing at any time.	Our Privacy Commitment The information collected that the card is for Parish information and use only. Be assured that Parish First The information collected to the card in the card contaction and contactions to Describe
Signature:	The art our failst are confirmed to Uniformly and maintaining the tritack frinciples and Legislative requirements as set out in the Statistical explations of the Australian and State Governments. This relates notative land to the national properties of the confirmation relation to proper and included to the confirmation relation to proper and the confirmation relation to the confirmation relation relation to the confirmation relation relation relationships and the confirmation relation relation relationships are confirmation relationships and relationships are confirmation relationships and relationships are confirmation relationships.
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