



Catholic Parish of St Bernadette

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I hereby authorise Castle Hill Catholic Church to debit the amount indicated below to my nominated credit card/debit card until further notice, by phone, email or in writing.

N.B. Transactions are on the 3rd Tuesday of the month.

Contribution: \$ _____ per month.

DETAILS (Please print clearly)

NAME: _____
Surname Christian Names

TITLE: (please tick) Mr ___ Mrs ___ Ms ___

MASTERCARD VISACARD

_____/_____/_____/_____

Expiry date on credit card _____

SIGNATURE _____

DATE _____