**SAINT MARK’S CATHOLIC PARISH**

**171 Pettingill Road Quispamsis, N.B. E2E 2V6**

**Tel: 506-849-5111 Fax: 506-849-5120** **E-mail:** [**stmarkschurch@nb.aibn.com**](mailto:stmarkschurch@nb.aibn.com)

**Credit Card Agreement**

**Saint Mark’s Catholic Parish Date:**

I want to support the mission of Saint Mark’s Parish to Go Make Disciples through Donations by Credit Card. Your Credit Card will be charged in the following manner.

$ **Regular Donations** (Please choose One)

Weekly \_\_\_ Bi-weekly \_\_\_ Monthly \_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$ **Building/Special Projects Fund** (Please Choose One)

Weekly \_\_\_ Bi-weekly \_\_\_ Monthly \_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Building/Special Projects Fund Donations are to be deducted for the period of time from to  **.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The transaction will normally be carried out on the 1st working day of the week. Should you have a preferred day of the week or month that you wish your donations to be charged to your Credit Card, please specify here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Donor Name

Address/Contact Information

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Authorization**

I hereby authorize Saint Mark’s Parish to charge my credit card with the amount(s) noted above on the dates indicated, or if monthly, on the first day of each month, unless otherwise indicated

Credit Card Type: Visa MasterCard

3-Digit #\_\_\_\_(back of card)

Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry:

|  |
| --- |
| MM / YYYY |

Name as it appears on Card: (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Instalment Date/Dates) (Authorizing Signature)

You may change or revoke your authorization at any time by calling the church office at 849-5111 or by giving fifteen (15) days written notice to the address at the top of the form. Should you have any questions regarding the above information, you can contact the Chairperson for the Finance Council Cathy Rignanesi ph. 847-5480 or crignanesi@bellaliant.net

**Please complete and return to the above address or place in a Collection Basket**