

# Jesuit Mission

## Regular Giving

**Australian Jesuit Mission Overseas Aid Fund**

**(gifts over \$2 tax deductible)**

**Standing Authority for *Recurrent* Periodic Payment by Credit Card**

**Surname..... Given Names.....**

**Address:.....**

**Postcode.....**

**Telephone: .....**

**Card: (Please tick): Bankcard  Mastercard  Visa**

**Card Number:**

**Expiry Date:** ...../.....

**Purpose:** *For the work of Jesuit Mission*

**Or Special Purpose** (please specify) for social work of Colombian Jesuits

**Amount:** \$.....

**Each:** Month **Date of debit:** About 15th each month

I hereby authorise the Merchant (Jesuit Mission) to debit my Card account with the amount and at the

intervals specified above. In the event of any change in the amount of payment required, I will request

the authority to be altered from the appropriate date in accordance with such change.

This authority shall stand, in respect of the above specified card and in respect of any card issued to me

in renewal or replacement thereof, until I notify the Merchant in writing of cancellation of this authority.

Cardholder's Signature ..... Date ...../...../.....

**Please fax (02 9929 7523) or post completed form to:**

**Jesuit Mission**

**P.O. Box 193**

**North Sydney 2059**

***Thank you***

Office use only:

Entered by: .....Date: .....