PRE-AUTHORIZED CREDIT CARD DONATION FORM

I, _____, with to donate to St. Luke Parish by Pre-Authorized Credit Card.
Print Name

Donor Information

Street Address:_____ City: _____

Postal Code: _____ Telephone: _____

Email: _____

Credit Card Information:

Type of card: MasterCard □ Visa □

Card number: _____

Expiry Date: _____ / _____ CVV:_____
Month *Year*

Donation Information:

ENVELOPE NUMBER:_____

Frequency of donation: weekly □ monthly □

If giving a monthly donation on which day would you like your donation to be made (eg. 18th)?_____

Category: Regular – General Fund □ $_____
Parish Development Fund □ $_____

Month to Begin: _____ *(your donation may be processed on or around this date)*

Carried Over from Previous Year: □

Signature:_____ Date:_____