



**St Dominic's Catholic Church - Parish of Camberwell East**  
**Thanksgiving Advice Form - Option 3: Via Credit Card**

Surname: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_  
 Homephone: \_\_\_\_\_  
 Email: \_\_\_\_\_

Postcode: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

First Name of Each Family Members	Religion	Birth Date	Occupation/School
Adult at home:			
Children at home:			

Card number: \_\_\_\_\_ Expiry on: \_\_\_\_\_  
 Name on card: \_\_\_\_\_  Visa  Mastercard

**Contributions to the Parish:**

Please debit the sum of \$ \_\_\_\_\_ to my Mastercard/Visa account above  
 on the \_\_\_\_\_ day of each month/quarter/semester/year (circle one) for a term of \_\_\_\_\_  
 years expiring on \_\_\_\_\_  
 one-off

I understand that this authority may be cancelled in writing at my option

**Contributions to the Dominican Fathers:**

Please debit the sum of \$ \_\_\_\_\_ to my Mastercard/Visa account above  
 on the \_\_\_\_\_ day of each month/quarter/semester/year (circle one) for a term of \_\_\_\_\_  
 years expiring on \_\_\_\_\_  
 once only

I understand that this authority may be cancelled in writing at my option

Thank you for completing this form, please email it to: [manager@stdominics.org.au](mailto:manager@stdominics.org.au)