



**ST FRANCIS XAVIER
PARISH ARMADALE**

Surname _____

Christian Name _____

Phone _____ Mobile _____

Address _____

_____ Postcode _____

Email _____

Signature _____ Date _____

Please return this card to the church

MY WEEKLY COMMITMENT

Planned Giving/ Direct Debit – (08) 9399 2143
accounts.armadale@perthcatholic.org.au

- I am interested in Direct Debit
(please fill in the Direct Debit Request Form)
- I am Interested in Contributing via Envelope
Collection
- I already contributed via Direct Debit
(if you would like to change the amount,
please fill in the direct debit request form)
- I already contributed via Envelope Collection

\$ _____ Weekly