

St. Patrick's Church, Caledonia Ontario
Credit Card
Donation Information Sheet

Last name _____ first name _____

Address _____

_____ Postal Code _____

Phone number (Home) _____ (Cell) _____

Email address for receipt _____

Donation – please select a donation amount, designation and frequency:

AMOUNT: \$ _____ (\$20 minimum)

Designation: Sunday collection

Frequency: Weekly Monthly One time donation

Please advise Rectory Office in writing of any changes you wish to make. Thank you.

Credit Card Information: (circle one) VISA / MASTERCARD

Number _____

Expiry Date Month ____ Year ____ CVV ____ (3 digits on back of card)

Name as it appears on Credit Card _____

Signature _____ Date _____

Thank you for your financial and spiritual support!

Office use only:
