

ST. LUKE'S CHURCH
Credit Card Donation Form

Name: _____

Address: _____

VISA MasterCard

Card Number: _____

Exp. Date: _____ 3 Digit Code _____

DONATION DETAILS

Donations are to support:

Sunday contributions in the amount of: \$ _____ monthly.

Other contributions \$ _____ monthly.

Donations are to be charged monthly on the 1st or the 15th

Start date: _____

Donations to continue until further notification by donee.
or

Expiry date for donations: _____

Signature: _____

Office use: PDS/Envelope # _____