

I authorise St Patrick's Missionary Society to deduct:

€ \_\_\_\_\_ from my card.



Card Number:

Grid for card number: 16 empty boxes.

Expiry Date: [ ][ ] / [ ][ ]

**Your details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

FOR OFFICE USE ONLY

Table for office use with labels 'ACK'd by' and 'Copied to'.

**You can also make a donation by:**



Telephone: 9.30am to 4pm, Monday to Friday



Post: Postal Order or Cheque



Card: Complete the form and return by post.

Do you wish to receive an acknowledgement?

Please tick: Yes  or No

If Yes, how would you like to receive your acknowledgment? Please tick one of the options.

By Email  By Text Message  By Letter

Please return this form to: P.O. Box 712, Naas, Co. Kildare

**St. Patrick's Missionary Society**

Welcome into your Kingdom our departed relatives and friends.



Large dotted-line area for writing a message.