



Pontifical Mission Societies

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MONTHLY GIVING PLAN

FORM B - CREDIT CARD

TO HELP MISSIONS, PLEASE USE MY GIFT FOR:

\$ _____ ☐ The Society for the Propagation of the Faith (funds the Missionary Church)

\$ _____ ☐ Society of St. Peter the Apostle (educates priests, brothers and sisters)

\$ _____ ☐ Holy childhood Association (helps needy children)

Yes, I authorize the Society for the Propagation of the Faith for Canada, English Sector to receive the following monthly gift. *(Tax receipts are issued annually in January)*

Amount \$	Starting on (yyyy/mm)
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Please charge my credit card ☐ Individual ☐ Business

PAYMENT INFORMATION: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD <input type="checkbox"/> AMEX	
Credit Card No.:	Expiry Date:
Cardholder Name:	
Signature Required:	Date:

REQUESTOR INFORMATION (please print)		
First Name:	Last Name:	
Address:		Apt. No.:
City:	Province:	Postal Code:
Telephone:	Email:	