

TITLE (PLEASE TICK) FR.  SR.  BR.  MR.  MRS.  MISS.  MS.  PARISH.....

SURNAME ..... CHRISTIAN NAME .....

ADDRESS .....

SUBURB ..... POSTCODE.....

AMOUNT IN WORDS ..... AMOUNT \$ .....

My Cheque/Money Order is enclosed, or please debit my  Visa  Mastercard  Amex Sorry, no Diners

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Cardholder's Signature ..... Card Expiry Date .....

*Your name and address are used only for the purpose of this Appeal. We do not provide our list of contributors' names to any other "good cause", or Catholic organisation. Thank you for your consideration.*

**Father's Day Appeal for Retired and Sick Priests.**