

Sacramental Payment Options

Name of Candidate _____

Cash

Cheque

Please debit the indicated amount from my credit card with details below:

Name on card _____

Card number _____

Expiry _____ / _____

Amount _____

Signature _____



St Madeleine

Sophie Barat Parish

28 Annangrove Road

Kenthurst 2156

9654 2260

Stmads.sacraments@gmail.com