



# ***St. Anthony of Padua***

1000 Cambridge Street  
Novato, California 94947  
(415) 883-2177

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Date \_\_\_\_\_

St. Anthony of Padua Parish is hereby authorized to charge my/our Visa \_\_\_\_\_

MasterCard \_\_\_\_\_, Account # \_\_\_\_\_

Exp. Date \_\_\_\_\_, in the amount of \$ \_\_\_\_\_

every month on the fifth day of the month until I /we revoke this permission.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

E-Mail \_\_\_\_\_