



28 Annangrove Road, Kenthurst NSW 2156

Ph: 9654 2260

Email: kenthurst@parracatholic.org

## Parish Registration

FAMILY NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PEOPLE LIVING AT THIS ADDRESS

I wish to join the parish planned giving:

Christian Name	Relationship to you	Date of Birth	Religion	Occupation or School and grade	Sex M/F
	<i>Self</i>				

Through the Envelope system

By Credit Card payments (*see reverse*)

By direct debit (*form available from Parish office*)

As a member of the Parish, I would like to be involved in: (*please circle*)

**Worship** (Welcomers, Servers, Readers, Eucharistic Ministers, Music, Flowers, \_\_\_\_\_)

**Education** (Sacramental Program, Children's Liturgy, \_\_\_\_\_)

**Social Justice** (Awareness programs, \_\_\_\_\_)

**Community** (Minister to the Sick and Elderly, Country Fair, \_\_\_\_\_)

**Evangelisation** (Youth Ministry, Adult Formation, RCIA, \_\_\_\_\_)

Please circle a Mass time you prefer: Sat 5:30pm; Sun 8am; Sun 10am; Sun 5:30pm

*We hope you feel welcome. Thank you for completing this form.*



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## PLANNED GIVING CREDIT CARD AUTHORISATION

I hereby authorise St Madeleine's Parish (planned giving account) to deduct the amount listed below from my credit card account, details of which are listed below, until further notice by me in writing.

Deductions will commence approximately four (4) weeks from date of signing.

Present deduction authorised \$ \_\_\_\_\_ PG Envelope No. \_\_\_\_\_

per  week  month  quarter  half-year  year

*(Please tick appropriate box)*

Charge my:  MASTERCARD  VISA

*(Please tick appropriate box)*

No: 

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Expiry Date on Credit Card: \_\_\_\_\_ / \_\_\_\_\_

*(If you are issued with a new credit card, please advise new number and expiry date)*

### **Details** *(please print)*

NAME ON CARD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_