

All Family Members First Names (*)	Title Mr, Mrs, Miss, Ms	Relationship ie Spouse Son Daughter	Sacraments received - please tick and record date if possible					Religion	D.O.B.	Occupation or Name of School & Class of Child
			Baptism	Confirm.	Recon.	Commun.	Marriage			

If would like to contribute to our Parish, please supply your Credit Card details (Visa or Mastercard only). Monthly contributions are deducted on or around 15th of the month. This arrangement can be amended/cancelled at anytime by contacting the Parish Office on 9489 3221. Alternatively, you may request a set of weekly envelopes through the Parish Office.

Name on Card: _____

Signature: _____

Card Number: _____

Expiry Date: __ __ / __ __

1st Collection: \$ _____ per month

The 1st Collection taken up at Mass goes to the Clergy Remuneration Fund for the financial support of the priests.

2nd Collection: \$ _____ per month

The 2nd Collection taken up at Mass is for the upkeep and everyday running of the Parish.

Total Per Month: \$ _____

Thank you for your generosity to our Parish.