ST VINCENT DE PAUL PARISH STRATHMORE

SECTION 1 – PARISH CENSUS INFORMATION – please complete your relevant details for parish purposes only:

Surname	Christian Name	Religion	Occupation	Title
Address			Phone No	
			Mobile	
Email				

Child's Surname If different from parent	Christian Name	Date of Birth	Baptised Date if known	School / Occupation

Instructions For Completing Your Census Form & Commitment to St Vincent De Paul Parish

- I. Please complete all Sections of the form (i.e. Sections 1-4)
- II. Fill in the amount you wish to commit weekly, monthly, quarterly or yearly, for the next three (3) years. Fill in only one block per year.
- III. You may like to make a **Progressive Commitment** with increases for inflation each year for the three years, by entering the amounts you are able to commit, in the spaces provided.
- IV. Return your completed form by 25th October at Mass or leave it at the School Office, the Parish Office, in the envelope provided. If your contribution is not via Credit Card or Direct Debit, a set of weekly envelopes will be provided.
- V. Please note that your **Thanksgiving Commitment** is only for your offering to the Church, for our Pastoral Development, as well as covering running costs, maintenance and future development of our Parish property. It is not part of your offering for the support of our Parish Priest; this is through the **Presbytery Offering** which also supports the Archbishop, sick and retired priests and priests in Parishes unable to support their priests.

YOUR SUPPORT IS ESSENTIAL TO THE CONTINUED DEVELOPMENT OF ST VINCENT DE PAUL PARISH PLEASE CAREFULLY CONSIDER YOUR CONTRIBUTION, THANK YOU.

SECTION 2 – FAMILY CONTACT DETAILS

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SECTION 3 - THANKSGIVING OFFERING		Supports our Parish general running, maintenance and capital costs, charitable works and the Diocesan Pastoral & Development Fund.			
Please indicate your comm	itment for the three years below	:			
Progressive Pledge: Office Use	1st Year 2018 1st Jan – 31 st Dec \$Weekly or \$Monthly or \$Quarterly or \$Yearly	2nd Year 2 1 st Jan – 31st \$ \$ \$	Dec Weekly or Monthly or Quarterly or	1 st Jan - \$ \$	ar 2020 - 31st DecWeekly orMonthly orQuarterly orYearly
•	e to Thanksgiving through you				
Please debit my MasterCar	d \square , Visacard \square . (Please indica	te card type) wi	th the sum of \$.		
on the day of each n	nonth \square , quarter \square , year \square . (please indicate f	requency of pay	ment)	
I understand that this auth	ority may be cancelled in writing	at my option.			
Card No:			E	xpiry Date	
Name On Card:					
Signature:	kly Thanksgiving Envelopes, p			Parish Of	fice will provide them.
Signature: To request a set of week If you wish us to Direct I	Cly Thanksgiving Envelopes, p Debit your Bank Account, plea	lease tick this ase tick this bo	box and the P	arish Offic	e will provide the form.
Signature: To request a set of week If you wish us to Direct I	Cly Thanksgiving Envelopes, p Debit your Bank Account, plea	lease tick this ase tick this bo	box and the P	arish Offic	•
Signature: To request a set of week If you wish us to Direct I SECTION 4 - PRESBY	Cly Thanksgiving Envelopes, p Debit your Bank Account, plea	lease tick this bo	box and the P	arish Offic	e will provide the form.
Signature: To request a set of week If you wish us to Direct I SECTION 4 - PRESBY	Cly Thanksgiving Envelopes, p Debit your Bank Account, plea	lease tick this bo	box and the P	osts and the soriests and su	e will provide the form.
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Signature: To request a set of week If you wish us to Direct I SECTION 4 - PRESE If you wish to contribute Please debit my Mastercard on the day of each n	YTERY OFFERING To the Presbytery through year of the University o	lease tick this book ase tick this book poorts the Presbyter edy Priests, support our credit card te card type) with Please indicate f	box and the P Ty daily household cof sick and retired p	osts and the soriests and su	e will provide the form.
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Signature: To request a set of week If you wish us to Direct I SECTION 4 - PRESE If you wish to contribute Please debit my Mastercard on the day of each n I understand that this author Card No: Name On Card:	YTERY OFFERING To the Presbytery through your month , quarter , year . (lease tick this book poorts the Presbyter edy Priests, support te card type) with Please indicate fat my option.	box and the P y daily household cof sick and retired p :- :h the sum of \$ requency of pay	osts and the soriests and su	e will provide the form.