

**St. Martin de Porres Parish
Avondale Heights**

Telephone: (03) 9337 6016

Fax: (03) 9337 1943

E-mail: avondaleheights@cam.org.au

Web: www.cam.org.au/avondaleheights

158 Military Road
Avondale Heights 3034

NEW PARISHIONERS

We welcome you and ask that you make yourself known to us by completing this form and leaving it in the collection basket. (PLEASE PRINT)

Surname				
Address				
Suburb				Postcode
Phone		Email		
Title	First / Christian Names	Religion	Birth Date	Occupation
Children at home				

***Parishioners are encouraged to support the work of the parish through our
Parish Support Programme***

If you would like a set of weekly offering envelopes or would like to make your contribution via your Credit Card or a Direct Debit please fill in the details on the back of this form.

If you would like to receive more information concerning any of the following please tick the appropriate boxes:

- | | | |
|---|---|--|
| <input type="checkbox"/> Sacristans | <input type="checkbox"/> Choir & Music | <input type="checkbox"/> Adult Baptism |
| <input type="checkbox"/> Reading at Mass | <input type="checkbox"/> Children's Liturgy | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Extraordinary Minister | <input type="checkbox"/> Altar Servers | <input type="checkbox"/> Coffee Mornings |
| <input type="checkbox"/> Home Communion | <input type="checkbox"/> Working Bees | <input type="checkbox"/> Faith Formation |
| <input type="checkbox"/> Counters | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> St. Vincent de Paul | <input type="checkbox"/> Infant Baptism | <input type="checkbox"/> Other _____ |

Please be assured that all information will only be used in terms of our Parish Privacy Policy

St Martin de Porres Parish

Parish Support Programme

The ministry and mission of our parish depend on the regular offering of the people of God.
Please fill out the following details to contribute through our Parish Support Program.
(PLEASE PRINT)

Name	
Address	
Phone	
Email	

I am / we are *[Please tick]* New parishioner/s Existing parishioner/s
Envelope No. *[if known]* _____

Choose [and tick] ONE of the following options:

I would like a set of WEEKLY OFFERING ENVELOPES

I shall try to contribute \$ _____ <i>[please tick one box]</i> Weekly <input type="checkbox"/> or Monthly <input type="checkbox"/> or Quarterly

I would like to contribute by CREDIT CARD \$ _____ Monthly Quarterly

Please only tick one: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Expiry Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Name on Card <i>[Please Print]</i> _____
Card No <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

I would like to contribute by DIRECT DEBIT \$ _____ Monthly Quarterly

Bank Name	
Account Name	
BSB	Account Number

Presbytery Contribution <small>Upkeep of our priests and parish support network</small>	Please debit my credit card/bank account on the 1st day of the month with the sum of	\$
Parish Support Contribution	Please debit my credit card/bank account on the 15th day of the month with the sum of	\$

Declaration:

I authorise the deduction from my nominated account the total of the Presbytery and Parish Support contributions. I understand that this authority may be cancelled or altered by me in writing at any time.

Signature Date.....

You can return this form by placing it in a sealed envelope marked 'Parish Secretary' and:

- putting it in the collection plate at Mass;
- or dropping it into the stainless steel letter box at the Parish Centre;
- or emailing it to avondaleheights@cam.org.au