Parish Registration & Pre-Authorized Giving Fo

Family name: _____

Address: _____

Phone: _____ Email: _____

Members of the household (name / date of birth / sacraments received):

1. _____
2. _____
3. _____

[ ] Please send offertory envelopes

[ ] I would like to give by Pre-Authorized Giving (PAG)

Monthly amount: $_____ Bank: attach a void cheque

Signature: _____ Date: _____

Return to the parish office or email office@stcolumbatoronto.ca