St. Martin de Porres Catholic Parish
Avondale Heights

Telephone: (03) 9337 6016
Email: avondaleheights@cam.org.au
www.cam.org.au/avondaleheights

158 Military Road
Avondale Heights VIC 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 <u>Parish Support Programme</u>

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:

- ❑ *Sacristans*
- ❑ *Reading at Mass*
- ❑ *Extraordinary Minister*
- ❑ *Home Communion*
- ❑ *Counters*
- ❑ *St. Vincent de Paul*
- ❑ *Choir & Music*
- ❑ *Children's Liturgy*
- ❑ *Altar Servers*
- ❑ *Working Bees*
- ❑ *Maintenance*
- ❑ *Infant Baptism*
- ❑ *Adult Baptism*
- ❑ *Social Events*
- ❑ *Coffee Mornings*
- ❑ *Faith Formation*
- ❑ *Social Events*
- ❑ *Other*____________________

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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 ❑

I shall try to contribute $____________________

[please tick one box] weekly ❑ or monthly ❑ or quarterly ❑

Choose [and tick] one of the following options:

Option 1:

❑ **I would like a set of WEEKLY OFFERING ENVELOPES**

Option 2:

❑ **I would like to contribute by CREDIT CARD**

Please tick Visa ❑ Mastercard ❑ Expiry date ___ ___ / ___ ___.

Name on Card [PRINT] ____

Please debit my credit card account on the 15th day of each Month ❑

or Quarter ❑

with the sum of $__________

I understand that this authority may be cancelled or altered by me in writing at any time.

Signature Date

Option 3:

❑ **I would like contribute by DIRECT DEBIT**

If you tick this box an authorisation form will be mailed to you.

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