

## 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 <small>If different from parent</small>	Christian Name	Date of Birth	Baptised <small>Date if known</small>	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.
- III. Return your completed form at Mass or leave it at the School Office, the Parish Office. If your contribution is not via Credit Card or Direct Debit, a set of weekly envelopes will be provided.
- IV. 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

FAMILY NAME: .....

## SECTION 3 - THANKSGIVING OFFERING

Supports our Parish general running, maintenance and capital costs, charitable works and the Diocesan Pastoral & Development Fund.

Please indicate your commitment below:

### Pledge:

Office Use
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### Per Year

1st Jan – 31<sup>st</sup> Dec

\$ \_\_\_\_\_ Weekly or

\$ \_\_\_\_\_ Monthly or

\$ \_\_\_\_\_ Quarterly or

\$ \_\_\_\_\_ Yearly

### If you wish to contribute to Thanksgiving through your credit card:-

Please debit my MasterCard , Visacard . (Please indicate card type) with the sum of \$.....

on the ..... day of each month , quarter , year . (please indicate frequency of payment)

I understand that this authority may be cancelled in writing at my option.

Card No:   Expiry Date \_\_\_\_\_

Name On Card: \_\_\_\_\_

Signature: \_\_\_\_\_

If you wish us to Direct Debit your Bank Account, please tick this box  and the Parish Office will provide the form.

## SECTION 4 - PRESBYTERY OFFERING

Supports the Presbytery daily household costs and the stipend for our Parish Priest and other needy Priests, support of sick and retired priests and support of the Archbishop.

### If you wish to contribute to the Presbytery through your credit card:-

Please debit my Mastercard , Visacard . (please indicate card type) with the sum of \$.....

on the ..... day of each month , quarter , year . (Please indicate frequency of payment)

I understand that this authority may be cancelled in writing at my option.

Card No:   Expiry Date \_\_\_\_\_

Name On Card: \_\_\_\_\_

Signature: \_\_\_\_\_

If you wish us to Direct Debit your Bank Account, please tick this box  and the Parish Office will provide the form.