

Catholic Parish of Napier Gifting Form

Dear Parishioner,

We are updating our Parish records and need your help. Please fill in this form, place in the enclosed envelope and you can either post it to us, place it in the collection basket on Gifting Sunday, email it or drop it into the Parish Office. It would be appreciated if forms could be returned as soon as possible. Thank you.

Parishioner Details: Please enter your details and those of any other family member at your address.

Surname	Christian Name	D.O.B.	Occupation	School (if student)	(Please tick)	
					Baptised	Confirmed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact Details:

Address

Home Phone

Mobile Phone

Work Phone

Email (Please print clearly)

Are you happy to obtain information and news from the parish by: Email Website

Our Parish Financial Contributions:

Current envelope number (if known) ... Please tick if **NEW**

Previous giving ... \$ My / Our new contribution will be ... \$

Please circle one of the following relevant to your contributions ... weekly / fortnightly / monthly / 1/2 yearly / yearly

Please tick: I / We require envelopes We would like to contribute by AP We require an Automatic Bank Payment Form

I understand that I / we may revise my / our offering at any time should I / we desire.

Signed: _____ Date: _____



Office Code

Privacy Statement: The above information will be kept Confidential and only accessed by Parish Staff.