



**PARISH REGISTRATION – ST. ANN’S CHURCH, MANLIUS, NEW YORK**

---

- 1. Please indicate any special needs of anyone in your family (such as disabilities, medical/physical limitations, homebound, hearing/visually impaired, allergies (gluten free hosts are available), or any other special circumstances that you feel the ministry team at St. Ann’s should be made aware of?**
  
- 2. Would anyone in your household like information about parish ministries or volunteer programs? Yes \_\_\_\_\_ No \_\_\_\_\_**  
*(If so, in what areas)?*
  
- 3. Is there is a person who is not a Catholic in your household, who would like to learn more about the Catholic Faith? Yes \_\_\_\_\_ No \_\_\_\_\_**
  
- 4. Would you like to have home blessed by a Priest? Yes \_\_\_\_\_ No \_\_\_\_\_**

---

**Credit Card Election Information**

**Name on Card** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Email address you would like to be contacted by** \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

*I authorize St. Ann’s Chruch, Manlius, NY to charge my credit card \$ \_\_\_\_\_ on a monthly/annual (circle one) basis, after the first weekend of each month. This reflects a weekly contribution of \$ \_\_\_\_\_.*

**Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_