



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

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- 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 \_\_\_\_\_

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**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 \_\_\_\_\_