

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** _____ **CVV/CVC** _____

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

Signature Required _____ **Date** _____