

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 your home blessed by a Priest? Yes _____ No _____**

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**Credit Card Election Information**

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

Email address where you would like to be contacted \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV/CVC \_\_\_\_\_

*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 \_\_\_\_\_