

Parish of Baulkham Hills

Our Lady of Lourdes Catholic Church

1 Canyon Rd Baulkham Hills 2153

Telephone: 02 9639 8385

Fax: 02 9639 7090

E-mail: olol@parishofbaulkhamhills.org.au

Parish Registration

FAMILY NAME _____

MOTHER'S MAIDEN NAME _____

ADDRESS _____

TELEPHONE _____ EMAIL _____

PEOPLE LIVING AT THIS ADDRESS

Christian Names	Relationship to you	Date of Birth	Religion	Occupation or School & grade	Sex M/F
	<i>Self</i>				

How can you help?

As a member of the Parish community of Our Lady of Lourdes I would like to be involved in:

(Please circle) Reading at Mass, Welcoming at Mass, Minister of Communion, Senior Server, Children's Liturgy, Music Ministry (Choir/Musician), Audio Visual Team, Church Warden, Money Counter, Altar Society, Flower Arranging, RCIA team, Sacramental Team, SVdeP,

Other _____

Please circle a Mass time you prefer to attend: Saturday 6pm; Sunday 9.30am.

I wish to support Our Lady of Lourdes Planned Giving Program



through the Envelope system



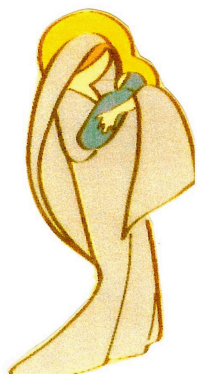
by Credit Card payments (see reverse)



By direct debit (contact the parish Secretary)

Signature _____

"To Love God and to Love our neighbour"



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PLANNED GIVING CREDIT CARD AUTHORISATION

I hereby authorise Our Lady of Lourdes Catholic Church to deduct the amount listed below from my credit card account, details of which are listed below, until further notice by me in writing.

Deductions will be debited from your Credit Card Account on 15th day of each month.

Present deduction authorised \$ _____ Envelope No. _____ (Office)

per ☐ month ☐ half-year ☐ year

Charge my: ☐ MASTERCARD ☐ VISACARD

(please tick appropriate box)

No:

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Expiry Date on Credit Card: _____ / _____

(if you are issued with a new credit card, please advise us of the new number and expiry date)

DETAILS *(please print)*

NAME ON CARD: _____
Surname Christian Names

ADDRESS: _____

POSTCODE : _____

Email: _____

SIGNATURE: _____ DATE: _____

"To Love God and to Love our neighbour"