

Eritrean Catholic Church, Ge'ez Community, Columbus PARISH REGISTRATION FORM, FAMILY INFORMATION

**St John Chrysostom
Catholic Ge'ez Rite**
5858 CLEVELAND AVE
COLUMBUS, OH 43231

FOR OFFICE USE ONLY:

Registration Date _____

Member # _____

Full Name _____

Street Address _____

City/State/Zip _____

MALE ADULT

Name _____ Nickname _____

Email _____

Cell # _____ Provider _____

Employer _____

Work Phone _____

Single Married* Widowed Divorced

*Date of Marriage _____ *Place of Marriage (Church Name/City/State) _____

FEMALE ADULT

Name _____ Nickname _____

Email _____

Cell # _____ Provider _____

Employer _____

Work Phone _____

Single Married* Widowed Divorced

FAMILY INFORMATION <i>(Must be completed)</i>			Child's Grade Level <i>(K-12)</i>	Date of Birth	Catholic <i>Yes or No</i>	Baptized <i>Yes or No</i> <small><i>(if yes, include date, church name, city & state)</i></small>	1st Eucharist <i>Yes or No</i>	Confirmed <i>Yes or No</i>	Valid Catholic Marriage <i>Yes or No</i>
First Name	Middle Initial	Last Name							
Male Adult				// //					
Female Adult				// //					
M	F	CHILDREN, AGE 21 & BELOW* <i>(living at home)</i>							
				// //					
				// //					
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Eritrean Catholic Church

Ge'ez Community, Columbus

**St John Chrysostom
Catholic Ge'ez Rite**
5858 CLEVELAND AVE
COLUMBUS, OH 43231

WWW.STBRENDANS.NET/GEEZ-RITE

ANNUAL FINANCIAL PLEDGE - STEWARDSHIP

Name _____

Address _____

E-mail _____

Cell Phone _____

I/We pledge to contribute the following dollar amount to the Eritrean Catholic Church, Ge'ez Community, Columbus in the amount of \$ _____ Frequency: _____
 Weekly Bi-Weekly Monthly Twice a Month (1st/15th) Annually

I/We pledge to contribute the following additional amount for Easter: \$ _____ Frequency: _____
 Weekly Bi-Weekly Monthly Twice a Month (1st/15th) Annually

I/We pledge to contribute the following additional amount for Christmas: \$ _____ Frequency: _____
 Weekly Bi-Weekly Monthly Twice a Month (1st/15th) Annually

METHOD OF PAYMENT *Please select your choice of payment below.*

- Monthly Offertory Envelopes
- Semi Annual/Special Collections Envelopes
- Mail-In Contribution
- Gift of Stock *(contact parish for instructions)*
- Gift through my Donor-Advised Fund *(contact parish for instructions)*
- Electronic Giving *(please see below for options)*

ELECTRONIC GIVING *Please read, check the appropriate boxes, then sign below.*

- Checking/Savings *(please attach a voided check or deposit slip)*
- Credit or Debit Card Option *(circle one):*
VISA MASTERCARD DISCOVER AMERICAN EXPRESS
Name: *(as it appears on card)* _____
Card # _____ - _____ - _____ - _____
Expiration Date: _____ / _____ CVV Code _____

This authorization remains in effect until reasonable change or cancellation notice.
I authorize The Eritrean Catholic Church, Ge'ez Community, Columbus to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization.

SIGNATURE (required): _____ DATE: _____