

230 Main Street West PO Box 43 Merrickville ON KOG 1N0

613.269.3930 stann@archkingston.ca www.stannmerrickville.ca

## PARISHIONER REGISTRATION FORM

Return completed form to <a href="mailto:stann@archkingston.ca">stann@archkingston.ca</a> or deposit it in the collection basket. Personal information collected is used for the sole purpose of parish administration only.

Adult 1		
	First Name / Last Name	Date of Birth (dd-mmm-yyyy)
	Email	Phone
		il list to receive occasional emails from the parish.
Adult 2	First Name / Last Name	Date of Birth (dd-mmm-yyyy)
	That Name / East Name	Date of Bitti (dd iiiiiiii yyyy)
	Email	Phone
	☐ I would like to be added to the ema	il list to receive occasional emails from the parish.
Address		
	Street Address	
	City	Province Postal Code
Children		
	First Name / Last Name	Date of Birth (dd-mmm-yyyy)
	First Name / Last Name	Date of Birth (dd-mmm-yyyy)
	2.1503.41.167.21.1503.41.16	2 a.e. 0.1 2 a.a. (40 a.a.a.a. 3333)
	First Name / Last Name	Date of Birth (dd-mmm-yyyy)
SUPPORT	TING YOUR PARISH	
_	parishioners will be assigned a donation naritable receipts for their contributions are	number. Family members who wish to receive e asked to complete their own form.
		ing of the calendar year for the previous taxation
year. Please support you	_ ·	changes. Choose one of the following ways to
	y donation envelopes (cash or cheque) make cheques payable to: St. Ann Parish	
	sfer to saintannsparish@gmail.com indicate your donation number with your	contribution.
	- ·	y your bequests and donations of time and talent. ries, and other expenses. Please give generously.
FOR OFF	ICE USE ONLY	
Date Register	red (dd-mmm-yyyy)	Donation Number