



Our Lady of Good Health Parish

தூய ஆரோக்கிய அன்னைப் பங்கு

Family Registration Form - Please print clearly

2559 Kingston Road, Scarborough, ON M1M 1M1 Tel: 416 264 OLGH(6544) Fax: 416 264 6545

www.olghtamilparish.com office@olghtamilparish.com

Office use only

Reg #: _____

Rec. date: _____

Address	Unit #	Postal Code
	Tel # (home)	
email:		
Surname	Cell #	

Adult Residents of Household

Title	First Name	Initials	Religion	Occupation	Tel # (Work)
					Ext.
					Ext.

Children (still at home)

First Name	Year of Birth	Sex		School/Occupation	Sacraments			
		M	F		Baptism	1st Comm	Recon	Confirm

Your generous donations will help in the growth of the only Tamil Parish dedicated to serving the Tamil community living in the entire archdioceses of Toronto

Please tick one of the following options. Official tax receipt will be issued for income tax purposes.

I would like to pledge \$20/month \$25/month \$30/month \$_____/month

I would like to contribute through: **Direct Debit** **Envelopes** **Other** _____

Direct Debit Financial Institution Information:

Name of Bank _____ Address _____

City _____ Province _____ Postal Code _____

Bank Account No. _____ Branch No. _____ Institution no. _____

I authorize OLGH Parish to debit the above account in the amount of \$_____ on the 20th day of each month for payments payable to OLGH Parish in respect of m monthly pledge

Signature(s) or Authorized Signature(s) Account Holder(s) _____ Date _____

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****For verification, please attach a blank cheque marked "VOID" with this signed form****

This information is intended for parish use only.

Other adult members of the household should complete a separate registration form .

Please give your completed form to the Parish Priests or to an authorized volunteer or deliver it to the Parish Office.