ST. AMBROSE PARISH - REGISTRATION FORM

PLEASE PRINT CLEARLY DATE :

Name: _____

Home Phone _____ Cell: _____

Occupation (optional) _____ Work #: _____

Email address: _____

Home Address: _____ Apt. No._____

City: _____ Postal code: _____

Spouse's Name: _____

Home Phone _____ Cell: _____

Occupation (optional) _____ Work #: _____

Email address: _____

Do you wish to designate St. Ambrose as your primary parish? _____

If so, have you notified your previous parish? _____

If you would like to contribute financially to the Parish, please provide the following information:

How would you like to contribute? Donation envelopes? _____, # _____

Pre-authorized Giving (PAG) – through your bank account? _____, or

through your credit card? _____

Include both spouses name on Tax Receipts? _____

Would you like information on volunteering in the church? Yes ___, or

not at this time ____.

"Welcome to St. Ambrose Parish. We look forward to getting to know you and your family and thank you in advance for your financial support and any personal contributions you may want to offer in volunteering, or in ministries we currently offer."