



OUR LADY OF GOOD HEALTH PARISH

தூய ஆரோக்கிய அன்னைப் பங்கு

131 Birchmount Road, Scarborough, ON M1N 3J7

Phone: 416-264-OLGH (6544) | Fax: 416-264-6545 | Email: office@olghtamilparish.com

FAMILY REGISTRATION FORM

OFFICE USE ONLY

Registration No.:

Recorded Date:

Family Name :	Street No :
Email Address :	Street Address :
Home Phone:	Unit No:
Cell Phone:	City:
Alt. Phone:	Postal Code:

ADULT RESIDENTS OF HOUSEHOLD

Title	First Name	Last Name	Initials	Religion	Occupation	Work Phone

CHILDREN AT HOME

First Name	Year of Birth	Sex (M/F)	School/ Occupation	Baptism	Reconciliation	Communion	Confirmation

Your generous donations will help in the growth of Our Lady Good Health Tamil Parish dedicated to serving the Tamil community living in the entire Archdiocese of Toronto

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

I would like to pledge	<input type="checkbox"/>	\$20/month	<input type="checkbox"/>	\$25/month	<input type="checkbox"/>	\$30/month	<input type="checkbox"/>	\$ /month
I would like to contribute through:	<input type="checkbox"/>	Direct Debit	<input type="checkbox"/>	Envelopes	<input type="checkbox"/>	Other	<input type="checkbox"/>	

DIRECT DEBIT - FINANCIAL INSTITUTION INFORMATION

Name of Bank:	Street No. & Name:	
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 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 Priest or deliver it to the Parish Office.