

**ST. LAWRENCE MARTYR PARISH**

2210 LAWRENCE AVENUE EAST  
 SCARBOROUGH, ON  
 M1P 2P9

TELEPHONE: 416-759-9359 FAX: 416-759-6725

WEBSITE: stlawrencemartyr.archtoronto.org

EMAIL: stlawrence.archtoronto@rogers.com

**REGISTRATION FOR NEW PARISHIONERS**

(PLEASE COMPLETE AND RETURN IN THE SUNDAY COLLECTION)

NAME		
_____ First Name Name	_____ Family	
_____ First Name of Spouse	_____ Family Name of Spouse (if different)	
_____ Child	_____ Child	
_____ Child	_____ Child	
ADDRESS		
_____ Apt.#	_____ Street Number and Name	
_____ City	_____ Province	_____ Postal Code
CONTACT INFORMATION		
Telephone: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Home</span> <span>Cellular</span> <span>Business</span> </div>		
Email Address: _____		
PARISH FINANCIAL SUPPORT		
I would like to support the parish by using Sunday Offering Envelopes <span style="float: right;"><input type="checkbox"/></span> <i>(A set of offering envelopes will be prepared for you to pickup at the parish office)</i>		
I would like to support the parish by using Pre-Authorized Giving (PAG) <span style="float: right;"><input type="checkbox"/></span> <i>(A voided cheque will have to be given to the parish office)</i> <i>(Please complete Authorization Form on page 2)</i>		
VOLUNTEERING		
Are you interested in volunteering? (Please check the appropriate boxes)		
<div style="display: flex; justify-content: space-between;"> <span>Sacramental Preparation <input type="checkbox"/></span> <span>RCIA <input type="checkbox"/></span> <span>Stewardship <input type="checkbox"/></span> <span>Finance Committee <input type="checkbox"/></span> </div>		
<div style="display: flex; justify-content: space-between;"> <span>Youth <input type="checkbox"/></span> <span>Pastoral Care <input type="checkbox"/></span> <span>Social Functions <input type="checkbox"/></span> <span>Music Ministry <input type="checkbox"/></span> <span>Lector <input type="checkbox"/></span> </div>		

## AUTHORIZATION FORM

I hereby authorize the Pastor of St. Lawrence the Martyr Parish to debit my account on the 20th day of each month as my/our offertory donation (not including special collections) noted below:

My/our total monthly donation of

\$\_\_\_\_\_ Offertory

\$\_\_\_\_\_ Building Fund

\$\_\_\_\_\_ TOTAL

Name(s) of Donor(s):

\_\_\_\_\_  
\_\_\_\_\_

Address of Donor:

\_\_\_\_\_  
\_\_\_\_\_

Name of Bank/Trust Company/Credit Union:

Branch : \_\_\_\_\_

Account Number: \_\_\_\_\_

**Please attach a void cheque:**

Date: \_\_\_\_\_

Signature of Contributor(s)

\_\_\_\_\_  
\_\_\_\_\_