

Catholic Parish of St Andrew the Apostle Marayong

40 Breakfast Road (PO Box 4345) Marayong NSW 2148

Phone: (02) 9622 0817 Fax: (02) 9671 7971 Webpage: www.standrewsmarayong.org.au

Email: saapm@bigpond.com

You are Welcome at

St. Andrew the Apostle Parish Marayong

St. Andrew the Apostle Parish is a parish of the Catholic Church here in Marayong. As our *Parish Vision Statement* says:

"We are an active and welcoming Catholic community, where people of all ages draw closer to God. His love is expressed through each one of us by prayer, liturgy and reaching out in service to one another."

In an effort to keep our parish records up-to-date, those of you who are Catholics are invited to fill out the **Parish Registration Form** on the next page, others are invited to consider becoming involved in a Christian community.

As a Catholic community we believe that we have much to offer you and that you have much to offer us. We are a parish family made up of and enriched by people from around the world. We also believe that, in our worship, we can make our God more central to our individual lives and to our community life. We also conduct many programs that we believe you might find helpful in your own faith journey.

The Parish of St. Andrew the Apostle has a number of groups that offer education and formation in the Catholic faith. We are very fortunate to have a very strong *Youth and Young Adult* group. For the younger members of the community there is a *Sunday School*. There is, of course, the opportunity to come together with like-minded Christians in worship each Sunday.

More information about the Parish can be obtained from our Parish website: www.standrewsmarayong.org.au

It is my hope that you will see this letter as an invitation which states that you will always be welcome at any of our parish activities.

May our loving God bless you and your families today and every day.

Monsignor Ron McFarlane Parish Priest

REGISTRATION FORM FOR PARISHIONERS

This information is confidential. It will only be used for our parish records and for the purpose of contacting you about our parish activities.

Please USE BLOCK LETTERS when completing this form and then return it to the Parish Office.

For information on how you can financially contribute to our Parish please read the centre of this Pamphlet.

For Parish Envelopes please see the Parish Office.

SURNAME (FAMILY) NAME:													
RESIDENTIAL ADDRESS:													
POSTAL ADDRESS:													
HOME TELE	NE:	MOBILE:											
EMAIL ADDRESS:													
COUNTRY O	GIN: _			Languages S	/								
When did you arrive in the Parish: (Month / Year)													
PLEASE LIST THE PEOPLE WHO RESIDE IN YOUR HOUSEHOLD													
Christian Name & other Surnames	ame & other Head		Date of Birth		Religion		Sacraments Received (B-Baptism, E-Eucharist, -Confirmation)	Occupation or School / Grade					
	Self												
TIME & TALENT - Would you like to be involved in one or more of our Parish Groups?													
			eation and rmation		Prayer and Spirituality		Outre	ach	Hospitality and Church Support				
		 □ RCIA □ Baptism Preparation □ Catechists □ Sunday School □ Sacramental Facilitator 		☐ Legion of Mary (Junior / Adult) ☐ Couples for Christ ☐ Hearts of Jesus & Mary			☐ Grief Support ☐ Seniors Group ☐ St Vincent de Paul Group ☐ Young Adults ☐ SAY-WAT (High School) ☐ Ministry to the Sick ☐ Transport		☐ Counters ☐ Wardens ☐ Welcomers ☐ Church Cleaner ☐ Piety Store ☐ Lawn Mowing ☐ Property Maintenance				

PLANNED GIVING PROGRAMME (Envelope Collection)

Special Notice to all Parishioners

1. THOSE WHO HAVE NOT <u>YET</u> PLEDGED TO CONTRIBUTE **REGULARLY TO ST ANDREW'S PARISH PLANNED GIVING** PROGRAM:

Being in the Planned Giving Program enables you to contribute to the expense of running your Parish and at the same time, help the Parish Budget more accurately by giving it a better idea of the income it could receive during the year. At a time when the price of everything seems to be continually rising and yet the expenses of running the Parish still have to be met, it does remove some of the guess work involved in budgeting when the size of the Sunday collection can be anticipated a little more accurately.

If you would like to formalise your weekly Second Collection contributions, please complete the details on the next page for our 'Gift Giving Scheme'.

2. THOSE WHO <u>HAVE</u> PLEDGED TO CONTRIBUTE REGULARLY TO **ST ANDREW'S PARISH PLANNED GIVING PROGRAM:**

Many parishioners who have pledged to give regularly to the Envelope (Second) Collection, can make their contributions by a monthly charge to their Credit Card, rather than having to remember to bring their envelopes every week. [From all reports, this has been found to be much more convenient.]

If you usually place cash or a cheque in your numbered envelope but would prefer to make your payments by Mastercard or Visa instead, please complete the Credit Card Authority on the next page.

Whether or not, perhaps this would be a very good opportunity for you to carefully consider the level of your current contributions in the light of your present circumstances.

3. THOSE WHO WISH TO CONTRIBUTE TO ST ANDREW'S PARISH PLANNED GIVING PROGRAM VIA DIRECT DEBIT:

Some parishioners who have pledged to give regularly to the Envelope (Second) Collection, can make their contributions by Direct Debit.

If you require this method of contribution, please see the Parish Office for a Form.

Thank you to all Parishioners for your continuing and generous support of St Andrew's Parish.

The Parish Priest St Andrew the Apostle P	arish										
40 Breakfast Road Marayong NSW 2148											
Date:											
Date:											
GIFT GIVING SCHEME [Credit Card Deduction Authority]											
I HEREBY AUTHORISE Marayong Catholic Church to deduct the amount listed below from my nominated Credit Card Account until further notice by me in writing.											
Deductions will commence on the 2nd Tuesday of the month from the date of signing.											
Present deduction authorised \$ per month.											
DETAILS OF YOUR CARD: [Please Print Carefully]											
TITLE: (Please Tick)											
NAME: [Surname] [Christian Names]											
ina	iamej		ال	anisuan r	vainesj						
ADDRESS:											
POSTCODE:											
PHONE: (H) MOBILE:											
EMAIL ADDRESS:											
☐ MA	STERCARD		VISA								
CARD NO: 🔲											
EXPIRY DATE: / SIGNATURE:											
[If you are issued with a new card please notify us of your new number and expiry date.]											
Weekly \$1.00	\$2.00 \$5.00	\$7.00	\$10.00	\$15.00	\$20.00	\$25.00					
Monthly \$4.50	\$9.00 \$22.00	\$30.00	\$43.50	\$65.00	\$87.00	\$108.00					
READY RECKONER: (To convert Weekly amount to a Monthly Deducation.)											
PARISH OFFICE USE ONLY:											
A Photocopy of this Authority wa	s returned by mail to:										
	Ву:		on								
Giving Envelope No:	Data Entry co		Date:								