

# Eritrean Catholic Church, Ge'ez Community, Columbus PARISH REGISTRATION FORM, FAMILY INFORMATION

**St John Chrysostom  
Catholic Ge'ez Rite**  
5858 CLEVELAND AVE  
COLUMBUS, OH 43231

**FOR OFFICE USE ONLY:**

Registration Date \_\_\_\_\_

Member # \_\_\_\_\_

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**MALE ADULT**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Email \_\_\_\_\_

Cell # \_\_\_\_\_ Provider \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Single  Married\*  Widowed  Divorced

\*Date of Marriage \_\_\_\_\_ \*Place of Marriage (Church Name/City/State) \_\_\_\_\_

**FEMALE ADULT**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Email \_\_\_\_\_

Cell # \_\_\_\_\_ Provider \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Single  Married\*  Widowed  Divorced

FAMILY INFORMATION <i>(Must be completed)</i>			Child's Grade Level <i>(K-12)</i>	Date of Birth	Catholic <i>Yes or No</i>	Baptized <i>Yes or No</i> <small><i>(if yes, include date, church name, city &amp; state)</i></small>	1st Eucharist <i>Yes or No</i>	Confirmed <i>Yes or No</i>	Valid Catholic Marriage <i>Yes or No</i>
First Name	Middle Initial	Last Name							
Male Adult				// //					
Female Adult				// //					
M	F	<b>CHILDREN, AGE 21 &amp; BELOW*</b> <i>(living at home)</i>							
				// //					
				// //					
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# Eritrean Catholic Church

## Ge'ez Community, Columbus

**St John Chrysostom  
Catholic Ge'ez Rite**  
5858 CLEVELAND AVE  
COLUMBUS, OH 43231

[WWW.STBRENDANS.NET/GEEZ-RITE](http://WWW.STBRENDANS.NET/GEEZ-RITE)

# ANNUAL FINANCIAL PLEDGE - STEWARDSHIP

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_

I/We pledge to contribute the following dollar amount to the Eritrean Catholic Church, Ge'ez Community, Columbus in the amount of \$ \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Weekly  Bi-Weekly  Monthly  Twice a Month (1st/15th)  Annually

I/We pledge to contribute the following additional amount for Easter: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Weekly  Bi-Weekly  Monthly  Twice a Month (1st/15th)  Annually

I/We pledge to contribute the following additional amount for Christmas: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Weekly  Bi-Weekly  Monthly  Twice a Month (1st/15th)  Annually

### METHOD OF PAYMENT *Please select your choice of payment below.*

- Monthly Offertory Envelopes
- Semi Annual/Special Collections Envelopes
- Mail-In Contribution
- Gift of Stock *(contact parish for instructions)*
- Gift through my Donor-Advised Fund *(contact parish for instructions)*
- Electronic Giving *(please see below for options)*

### ELECTRONIC GIVING *Please read, check the appropriate boxes, then sign below.*

- Checking/Savings *(please attach a voided check or deposit slip)*
- Credit or Debit Card Option *(circle one):*  
VISA    MASTERCARD    DISCOVER    AMERICAN EXPRESS  
Name: *(as it appears on card)* \_\_\_\_\_  
Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ / \_\_\_\_\_    CVV Code \_\_\_\_\_

***This authorization remains in effect until reasonable change or cancellation notice.***  
I authorize The Eritrean Catholic Church, Ge'ez Community, Columbus to debit from the account specified on this form. This authorization will remain in effect until I give reasonable change or cancellation notice to terminate authorization.

SIGNATURE (required): \_\_\_\_\_ DATE: \_\_\_\_\_