



REGISTRATION FORM

**PLEASE
PRINT!**

FOR OFFICE USE ONLY:

St Brendan ID # 1060

Registration Date _____

ID/Envelope # _____

Family Last Name _____

Street Address _____

City/State/Zip _____

MALE ADULT

Name _____ Nickname _____

Email _____

Cell # _____ Provider _____

Employer _____

Work Phone _____

☐ Single ☐ Married * ☐ Widowed ☐ Divorced ☐ Religious/Clergy

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

***PLEASE NOTE:** Children/young adults aged 22 and above are asked to complete their own registration form to formally register as an adult member of St Brendan.

FEMALE ADULT

Name _____ Nickname _____

Email _____

Cell # _____ Provider _____

Employer _____

Work Phone _____

☐ Single ☐ Married * ☐ Widowed ☐ Divorced ☐ Religious/Clergy

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

Current St Brendan School Family ☐ Yes ☐ No Current St Brendan Faith Formation Family ☐ Yes ☐ No

Would you like to receive the Catholic Times? Visit columbuscatholic.org/catholictimes and click on subscription payments.

Registration continues on other side



ANNUAL FINANCIAL PLEDGE - STEWARDSHIP OF TREASURE

Name _____

Address _____

E-mail _____

Cell Phone _____

☐ I/We pledge to contribute the following dollar amount to
St Brendan Church: \$ _____ 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

☐ I/We pledge to contribute the following dollar amount to
St Vincent DePaul: \$ _____ Frequency:
☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Twice a Month (1st/15th) ☐ Annually

*If you would like to speak to someone directly,
please call the parish office at 614-876-1272.*

PLEASE NOTE: SCHOOL & FAITH FORMATION FAMILIES ARE REQUIRED TO MAKE DONATIONS VIA ELECTRONIC BANK OR CREDIT CARD DRAFT.

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.*

- ☐ Sign Up Online *(go to www.pushpay.com/pay/saintbrendannavigatortocatholic or text saintbrendan to "77977" on your smartphone and follow the prompts.)*
- ☐ Checking *(attach a voided check)* or Savings *(attach a 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 St Brendan Church 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: _____

DONATE ONLINE AT STBRENDANS.NET