



# 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) \_\_\_\_\_

### 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](http://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/saintbrendannavigatorkatholic](http://www.pushpay.com/pay/saintbrendannavigatorkatholic) 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](http://STBRENDANS.NET)