



OUR LADY OF FATIMA TAMIL CHAPLAINCY

புனித பற்றிமா அன்னை தமிழ் ஆன்மீக பணியகம்

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FAMILY REGISTRATION FORM

OFFICE USE ONLY

Registration No.:

Recorded Date:

Family Name :	Street No :
Email Address :	Street Address :
Home Phone:	Unit No:
Cell Phone:	City:
Alt. Phone:	Postal Code:

ADULT RESIDENTS OF HOUSEHOLD

Title	First Name	Last Name	Initials	Religion	Occupation	Work Phone

CHILDREN AT HOME

First Name	Year of Birth	Sex (M/F)	School/ Occupation	Baptism	Reconciliation	Communion	Confirmation

Your generous donations will help in the growth of the Our Lady of Fatima Tamil Chaplaincy dedicated to serving the Tamil community living in the west side of Yonge Street

Please tick one of the following options. Official tax receipt will be issued for income tax purposes.

I would like to pledge	\$20/month	\$25/month	\$30/month	/month
I would like to contribute through:	Direct Debit	Envelopes	Other	

DIRECT DEBIT - FINANCIAL INSTITUTION INFORMATION

Name of Bank:	Street No. & Name:	
City:	Province:	Postal Code:
Bank Account No.:	Branch No.:	Institution No.:

I authorize Our Lady Of Fatima Tamil Chaplaincy to debit the above account in the amount of _____ on the 20th day of each month for payments payable to Our Lady Of Fatima Tamil Chaplaincy in respect of m monthly pledge

Signature(s) or Authorized Signature(s) Account Holder(s)	Date
Signature(s) or Authorized Signature(s) Account Holder(s)	Date

****For verification, please attach a blank cheque marked "VOID" with this signed form****

This information is intended for parish use only.

Other adult members of the household should complete a separate registration form. Please give your completed form to the Chaplain or deliver it to the Chaplaincy Office in-person or email it to olftamilchaplaincy@gmail.com