



ST. KILIAN CATHOLIC CHURCH

Date _____

Parishioner # _____ (office use)

Family **Last Name** _____

First Name (Man) _____ Date of Birth ____/____/____

First Name (Woman) _____ Date of Birth ____/____/____

Wife Maiden Name _____

Street Address _____ City _____ Zip _____

E-Mail _____ Phone _____

Cell Phone # _____ Cell Phone # _____

Religion (Man) _____ (Woman) _____

Occupation (Man) _____ (Woman) _____

Marital Status: Church Marriage ____ Married out of Church ____ Divorced ____ Single ____ Widow ____

Check Sacraments received by children

Children at Home	[M]	[F]	Date of Birth	Baptism	Confirmation	Eucharist
_____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	_____	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	____/____/____	_____	_____	_____

Would like information about:

- _____ Becoming Catholic-RCIA (Right of Christian Initiation for Adults)
- _____ Baptism
- _____ Youth Religious Education
- _____ Teen Programs (SKY- St. Kilian Youth)
- _____ Bible Studies
- _____ Music Ministries
- _____ Wedding Planning
- _____ Communion to the Homebound
- _____ Volunteer for: Fish Fry - Golf Tournament - Oktoberfest - Outreach - Hospitality

Interest & Questions

26872 Estanciero Dr.
 Mission Viejo CA 92691
 Ph 949-586-4440
 Fax 949-454-1043
 office@stkilianchurch.org

AUTHORIZATION FORM

St. Kilian Church

ES6452-226

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: _____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City		State Zip
Email Address		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: (check one) <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Semi-monthly on the 1 st and 15 th <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS AND AMOUNTS: <input type="checkbox"/> General Operating \$ _____ <input type="checkbox"/> Capital Campaign \$ _____ <input type="checkbox"/> Building Fund \$ _____ <input type="checkbox"/> Music Ministry \$ _____ <input type="checkbox"/> Youth Ministry \$ _____ <input type="checkbox"/> Food for the Poor – Outreach \$ _____ <input type="checkbox"/> Tuition Assistance \$ _____ <input type="checkbox"/> Wish List \$ _____ <input type="checkbox"/> GAP – Drama Ministry \$ _____ <div style="text-align: right;">Total \$ _____</div>
ANNUAL CONTRIBUTIONS:		
<input type="checkbox"/> Easter Offering \$ _____ Date to be transferred ____/____/____ <input type="checkbox"/> Christmas Offering \$ _____ Date to be transferred ____/____/____		
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	
	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; margin-top: 5px;"> ⑆123456789⑆ 123 1234567 0001 _____ └─ Account Number └─ Check Number </div>	
I authorize the above church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____		
CREDIT CARD	Please charge my donation to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above church to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	