

ST. MARGARET OF SCOTLAND CATHOLIC CHURCH

777 NE Blackwell Rd. Lee's Summit, Mo 64086 Office: 816-246-6800 Fax: 816-246-9858 snichols@stmargaretsparish.org

*Please print
or type to
insure
accuracy*

Full Name: _____
Address: _____
City, St. & Zip: _____

Envelope # _____

I/we no longer attend Mass at St. Margaret of Scotland Catholic Church. Please remove me/my family from the parish roster.

Please return via US postal service, collection basket or holy mailbox.

CENSUS UPDATE 2010

Complete as much information as possible. This is very helpful in keeping our records accurate.

HEAD OF HOUSEHOLD	PREFERRED NAME:	SPOUSE	PREFERRED NAME:
HOME PHONE		LAST NAME IF DIFFERENT	
RELIGION		RELIGION	
BIRTH DATE		BIRTH DATE	
EMAIL		EMAIL	
EMPLOYER		EMPLOYER	
BUSINESS/CELL PHONE		BUSINESS/CELL PHONE	
POSITION/OCCUPATION		POSITION/OCCUPATION	
MARITAL STATUS		ANNIVERSARY DATE	

Family members should only include those residing in your home and under the age of 21.

NAME	RELATIONSHIP	BIRTH DATE	NAME	RELATIONSHIP	BIRTH DATE
1.			5.		
2.			6.		
3.			7.		
4.			8.		

Stewardship of Treasure

It is my intention to make the following pledge of regular financial support for the year beginning January 2010.

Pledges of financial support are not legally binding, but rather an indication of your intention.

(This should not include Debt Reduction.)

\$ _____ Weekly \$ _____ Monthly \$ _____ Annually

I will pay by cash or check using monthly contribution envelopes.

I will pay by automatic withdrawal from my: Checking Savings

Date of Withdrawal (circle one) **1st** / **15th** of each month

Signature: _____

