

Cathedral of The Immaculate Conception

Family Registration

416 W 12th St, Kansas City, MO 64105 (816) 842-0416

Reg Date:

Contrib. Env.? Env#

Mailing Name:

Home Phone:

Last Name:

Family Email:

First Name(s)

Address:

Permission to publish phone, address, email in Parish Directory

Add2:

Publish Phone?

Publish Address?

Publish Email?

City: State:

Zip: - AreaCode:

School District:

Couple/Head of Household Information

Marital Status: Married by Priest/Deacon? Anniversary Date: Wedding Church/City:

Husband/Head:

Wife:

Parish Status:

Name:

DOB:

(Maiden)

Sacramental Info: Baptized? Catholic?
RCIA?

Baptized? Catholic?
RCIA?

Reconcil? First Eucharist? Confirmed?

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Occupation:

Work Phone:

Email:

Children Information

Child Birthdate Sex Grad Yr

Special Needs:

Check if Sacrament Received. Add Date if known. Baptism Catholic? Eucharist Reconciliation Confirmation

Check if Sacrament Received. Add Date if known. Baptism Catholic? Eucharist Reconciliation Confirmation

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CATHEDRAL OF THE IMMACULATE CONCEPTION TITHE/PLEDGE CARD

"I have come not to be served, but to serve!"

As an expression of thanks for God's gifts to me, my tithe/pledge to the Cathedral for the year November 1, 2008– October 31, 2009 will be \$_____ to be paid by check or cash as follows:

\$_____ per week; \$_____ per month; \$_____ quarterly or \$_____ annually

I will pay my tithe/pledge by automatic debit from my bank account. (Complete information on back for automatic withdrawal.)

Signature _____ Date _____

Print name: _____

Please do not send envelopes. I am no longer a member of the parish and request my name removed from roster.

Annual Income	5% Gift Weekly	7% Gift Weekly
\$10,000	\$ 10	\$ 13
\$15,000	\$ 14	\$ 20
\$20,000	\$ 19	\$ 27
\$25,000	\$ 24	\$ 34
\$30,000	\$ 29	\$ 40
\$40,000	\$ 38	\$ 54
\$50,000	\$ 48	\$ 67
\$60,000	\$ 58	\$ 81
\$75,000	\$ 72	\$ 101
\$90,000	\$ 87	\$ 121
\$100,000	\$ 96	\$ 135

Working towards 10% giving to the Cathedral from combined income (rounded to the nearest dollar).

Please place in collection basket or mail to 416 W. 12th St. , KCMO 64105

Cathedral Tithe/Pledge Information

I wish to pay by automatic withdrawal from my: Checking Account Savings Account

Routing Number _____ Account Number _____

Make withdrawals Weekly on Monday Monthly on the ___1st___15th___20th___25th

I authorize the Cathedral 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.

Signature _____ Date _____

*****PLEASE ATTACH VOIDED CHECK*****