



# ST. CLARE ROMAN CATHOLIC CHURCH

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Toronto, Ontario

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## *Welcome to St. Clare's Parish*

**Please Print Clearly**

NAME: \_\_\_\_\_  
*Surname* *First Name*

\_\_\_\_\_  
*Surname of Spouse (if different from above)* *First Name*

ADDRESS: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City, Province, Postal Code*

PHONE NO: \_\_\_\_\_ *Cell*

\_\_\_\_\_ *Residence*

E-MAIL ADDRESS: \_\_\_\_\_

I would like to use weekly offering envelopes: Yes  No

*If so, please call the office to make arrangements for pick up.*

I would like to register for Pre-Authorized Giving (automatic withdrawal)

*Please call the office to find out more about this easy and convenient method of giving!*

We invite you to visit our website and become more familiar with our parish groups and ministries.