

A Laity & Clergy Partnership Initiative

REGISTRATION FORM

To,
Bro. Joseph Dias,
Founder & Secretary, The CSF Secretariat
75, Vakola Village, Santacruz (E), Mumbai - 55
(Off St Anthony's Street, Beh Dr Raut's Hospital)

Yes ! I would like to contribute by..... !



Dear Bro.,

Date : / /

I would like to join / donate to The CSF and am enclosing the necessary fees / info for the same, as below :

Name

Address 1

2

3

Pin Tel Mob

Email

Church Place

I could also serve (talents / resources / volunteering / contracts) the community by

Group 1) Youth 2) Adult 3) Seniors 4) Women 5) Children

Language 1) English 2) Konkani 3) Marathi 4) Malyalam 5) Tamil
 6) Gujarathi 7) Hindi 8) Other (specify) _____

Donation / Membership (M)

- 1) * Donation of any amount _____ Rs. _____/- only.
2) Patron (M) (Rs.10,000 one time) _____ Rs. 10,000 /- only.
3) Special (M) (Rs.1000 annually) _____ Rs. 1,000 /- only.
4) Associate (Rs.100 p.a.) _____ Rs. 100 /- only.
5) Partner (Rs.500 & Above) _____ Rs. _____/- only.

* We encourage you to donate on occasions like births, deaths, communions, weddings, anniversaries, celebrations, holy orders, confirmations, birthdays, successes, increments or for the dead / children / members of your family or loved ones. The amount is not important - make it a habit of giving - as the Bible says, it is a grace & sign of God's blessing.

Payment preferably by Cheque drawn in favour of : The CSF

The same may be dropped in any ICICI Bank branch or sent to the address above

I agree to abide by the rules & regulation, serving The CSF to the best of my capabilities.

Patron "Saint"



Mother Teresa

Inspiration



Benedict XVI

Signature

Please mention cheque details on the reverse of the form