PARISH STEWARDSHIP PARTICIPATION VOUCHER



Please complete, and submit to Pastor for signature.

FAMILY INFORMATION	(Please print or type all in	formation)	
Family Name:			
Address:			
City:	State:	Zip:	
Phone:	Previous Parish:		
STUDENT INFORMATION			
Student Name:			
Entering Grade:	School:	School:	
Student Name:			
Entering Grade:	School:	School:	
REASURE (an identifiable gift through neludes any and all ministries of the character of the character of the character of the catholic tuition recoucher from your parish Pastor, your harged the corresponding tuition rate.	urch, but does not include volunteeris ate, please state your stewardship invo family will be classified as a non-pa	sm in the school. olvement below. Without a signed	
uring the past year, I/We,	, have regu	larly contributed financially with an	
	Catholic Parish, by: \square envelope # or \square bank draft.		
lease list the ministries or stewardship			
		Date:	
ASTOR CERTIFICATION certify, as pastor of the above-designated	d parish, that the listed family is an <i>ac</i>	<i>tive, participating</i> parishioner.	
stor's Signature:		Date:	