# Choose 1 option only

Would you like more information about our direct withdrawal or credit card donation program?

Yes No

### Please see website for Automated

#### Donation Sign Up Form.

**OR** Would you like donation envelopes

for income tax purposes?

Yes | No

If **yes**, whose name should the envelopes be registered to? (Only one name please)

Yes No

Would you like to be the offertory family at a Mass?

Yes No If yes, at which Mass? (circle one) Saturday at 5pm, Sunday 9am OR 11am

Would you like Ministry Volunteer information?

Yes No

# **Airdrie Catholic Schools**

### **Our Lady Queen of Peace**

Kindergarten – Grade 9 French Immersion available 1820 1<sup>st</sup> Ave NW 403-500-2064

### **Good Shepherd**

Kindergarten – Grade 9 1319 Thorburn Drive SE 403-500-2117

St. Veronica School Kindergarten – Grade 9 380 Coopers Dr SW 403-500-2134

### St. Martin de Porres High School

Grades 10 – 12 410 Yankee Valley Blvd. SW 403-500-2041

## Are you new to

St. Paul's Parish?



1305 Main Street, Airdrie, AB. T4B 1C5 Ph: 403-948-5394 Fax: 403-948-0160

Email: <u>stpaulsairdrie@shaw.ca</u>

Website: <u>www.stpaulsairdrie.ca</u>

#### Pastor

### Administrator

Fr. Thomas Vadassery

### Deacons

**Deacon Ted d'Haêne** Business Administrator of Temporalities

**Deacon Gary Haney** Coordinator of Baptisms

**Deacon Doug Lynch** Coordinator of Funerals

Fr. Thomas or Secretary For Marriages

Sacramental Coordinator stpaulssacraments@shaw.ca

Receptionist stpaulsreceptionist@shaw.ca

Secretary/Accounting e-mail <u>stpaulsairdrie@shaw.ca</u>

> Parish Office Hours Monday to Friday 9:00 am – 12:00 pm

## Mass Times at St. Paul's

Saturday 5:00 pm

Sunday 9:00am and 11:00 am

Monday No mass

Tuesday 12:00 pm (noon

Wednesday 9:00 am

Thursday 6:30 pm

Friday 9:00 am

Friday 10:30 am Bethany Care Centre and Airdrie Care Community alternate Friday's

## Website www.stpaulsaridrie.ca

<u>Reconciliation</u> Thursday at 6:00 – 6:25pm Saturday at 3:45 – 4:45pm or by appointment.

Adoration of the Blessed Sacrament First Friday of the Month 9:30 – 5:30pm

# Please fill out the following:

Single Name:
Family Name:
Husband's name:
Catholic? Yes No
Wife's name:
Catholic? Yes No
Wife's Maiden Name:
Children's names (if same address)
(Male/Female) and birthdates please:
m/f
m/f
m/f
m/f
Address:
Postal Code:
Phone Number:
Email: