



VERIFICATION OF PARISH AFFILIATION
CATHOLIC COMMUNITY FOUNDATION OF SW FLORIDA

This form must be completed to qualify

DATE: _____

STUDENTS NAME: _____

GRADE: _____

PARENT NAME: _____

ADDRESS: _____

TELEPHONE: _____

NAME OF CATHOLIC PARISH: _____

ENVELOPE NUMBER: _____ WHAT MASS DO YOU ATTEND? _____

DO YOU VOLUNTEER IN A PARISH MINISTRY? _____ WHICH MINISTRY? _____

The above family is an affiliated member of our Parish faith community and should be afforded any privileges accordingly.

Pastor or delegate's signature