

# ST. EDMUND'S CATHOLIC CHURCH

*The Heart of our Faith Community since 1911*

545 Mahon Avenue, North Vancouver, BC V7M 2R7  
PHONE: 604.988.3211 FAX: 604.988.3261

**PASTOR:** REV. STENY MASCARENHAS, OCD  
**ASS'T PASTOR:** REV. CANNIO CARDOZO, OCD  
**PARISH EMAIL:** [st.edmunds@shaw.ca](mailto:st.edmunds@shaw.ca) or [parish.sed@rcav.org](mailto:parish.sed@rcav.org)  
**PASTOR'S EMAIL:** [st.edmunds@shaw.ca](mailto:st.edmunds@shaw.ca) **ASS'T. PASTOR'S EMAIL:** [cannior@shaw.ca](mailto:cannior@shaw.ca)  
**WEBSITE:** <http://www.stedmundsparish.ca/>  
PARISH OFFICE ADMINISTRATOR: LYNN MCLEOD  
PARISH OFFICE ASSISTANT: JANE RICHMOND  
Parish Office Hours—Mon. to Fri. 9am-12:30pm (August)  
ST. EDMUND'S ELEMENTARY SCHOOL, 535 Mahon Ave., North Vancouver, BC /Ph. 604.988.7364



## **SCHEDULE for AUGUST:**

### **HOLY MASSES**

Saturday: 4:30pm (anticipated Sunday Mass)  
Sunday: 8:00am, 9:30am & 11:00am  
Weekdays: 9:00am (Monday to Saturday)

### **CONFESSIONS**

Saturday: 3:30pm to 4:15pm  
Weekdays: Tues. to Sat. after 9:00am Mass

### **MORNING PRAYER**

Weekdays: 8:40am to 9:00am (Monday to Saturday)

**FIRST FRIDAYS:** Adoration beginning after 9:00am Mass, followed by Benediction, concluding with Mass @7:00pm

## **21<sup>st</sup> SUNDAY IN ORDINARY TIME – AUGUST 24/25, 2019**

<b>MASS</b>	<b>MON. 26 at 9:00am:</b>	Spec. Intention Assunta Cusano by Janet Ficocelli	<b>SAT. 31 at 9:00am:</b>	+Repose Flora Abbinante by family
<b>INTENTIONS</b>	<b>TUES. 27 at 9:00am:</b>	+Repose Bice di Stefano by Emma	at 4:30pm:	+Repose Michael David by wife Analiza & family
	<b>WED. 28 at 9:00am:</b>	Spec. Intention Sarah Teh by Elizabeth Wong	<b>SUN. 1 at 8:00am:</b>	+Repose Cristino Ficocelli by wife Janet
	<b>THURS. 29 at 9:00am:</b>	+Repose Liz Jackson by Elizabeth Wong	at 9:30am:	+Repose Serafino Cusano by Maria Cusano
	<b>FRI. 30 at 9:00am:</b>	Spec. Intention Roan Jahn by Barbara Stuart	at 11:00am:	+Repose Josefa & All Souls in Purgatory by Flory

### **NEXT SUNDAY**

#### **MONEY COUNTERS**

Team #3

#### **LECTORS**

4:30pm-Erneida/Joel DeGuzman  
8am-Jude Correa  
9:30am-Alexis DeFreitas  
11am-Haydn Eugene

#### **EXTRAORDINARY MINISTERS**

4:30pm-Vickie Caffo, Cari Mendoza, Marie Dayton  
8am-Romeo DeSouza  
9:30am-Maria Maglieri, Cristina Miele, Zofia Bronowska  
11am- Flory Nielsen, Robert Agonias, Stephanie Jutras

**PARISH OFFICE  
SUMMER HOURS**  
Monday to Friday  
9:00am - 12:30pm

### **PRO-LIFE MASS & PRAYER VIGIL**

The Mass is Saturday, Sept. 7, at 9 a.m. here at St. Edmund Parish. One of the fundamental answers to abortion is prayer. Please pray on the first Saturday of each month at a different parish for a new culture of life. More information at 604 683-0281.

### **UPDATE - PREP: Parish Religious Education Program**

- \***Classes** resume Monday, Sept. 16<sup>th</sup>, 2019 – 6:00 p.m. to 7:15 p.m.
- \***Registration** in the small gym of St. Edmund's School will take place:  
**August 25<sup>th</sup> & September 1st, 8<sup>th</sup> & 15<sup>th</sup>**  
**from 10:30 a.m. – 10:55 a.m. & 12:00 noon to 12:30 p.m.**
- \***Volunteer** teachers are needed; - for details, contact the Parish office

### **PHOTOS – WE HAVE PHOTOS ...**

Have a look at the photo album on the website covering the 10 years Father Jerry was with us!

### **7:30AM MASSES**

Regular 7:30am Masses during the week will resume on September 3<sup>rd</sup>.

### **INTERNATIONAL NIGHT**

**SATURDAY** →

**5  
OCT**

**YOUR HELP IS NEEDED...WE ARE LOOKING FOR COUNTRY REPRESENTATIVES!!!**

If you are interested or would like more information as to what is required please contact the co-ordinator – Donna Majeau @ 778-996-3407 or email: [dkmajeau@shaw.ca](mailto:dkmajeau@shaw.ca)

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**PRE-AUTHORIZED GIVING PLAN**  
**For Monthly Offertory Contributions**

If you wish to make your Sunday offertory contribution through automatic monthly bank withdrawals, please complete the form below and note:

- the amount you authorize will be deducted from your bank account **on the 30<sup>th</sup> of each month**. This regular monthly amount covers Sunday Offertory donation only.
- To make changes at any time, please call the Parish Office at 604-988-3211

Follow the steps below to calculate and authorize your monthly donation:

**CALCULATING YOUR MONTHLY PRE-AUTHORIZED GIVING**

To help determine the amount of one's monthly contribution, multiply your weekly offering by the 52 weeks in a year, then divide this annual contribution by 12. Examples are provided below:

<u>Weekly Offering</u>	<u>Monthly Offering</u>	<u>Weekly Offering</u>	<u>Monthly Offering</u>
\$10/week (\$520/year)	\$43 per month	\$40/week (\$2,080/year)	\$173 per month
\$20/week (\$1,040/year)	\$86 per month	\$50/week (\$2,600/year)	\$216 per month

Note that the amounts above are provided only as examples. Our hope is that Parishioners will contribute an offering that is meaningful, sacrificial, and that honours the abundance with which the Lord has blessed each of us.

**AUTHORIZATION FORM**

I/we hereby authorize St. Edmund's Parish to debit my/our account **each month on the 30<sup>th</sup>** as allocated below.

I/we hereby change my/our monthly donation as allocated below:

Offering \$ \_\_\_\_\_

→ **Please note** that based on the fees associated with offering pre-authorized giving, a \$25 monthly offering is the minimum that can be processed through this method of giving

**ACCOUNT HOLDER/S INFORMATION:**

Name/s: \_\_\_\_\_ (please print)

ADDRESS: \_\_\_\_\_

Phone/s: \_\_\_\_\_

Envelope #: \_\_\_\_\_ Payment Start Date: \_\_\_\_\_

**OFFERTORY DONATION FOR NORMAL OPERATIONS OF THE PARISH:**

I wish to donate \$ \_\_\_\_\_ on a **monthly basis on the 30<sup>th</sup>** for normal operations of the Parish

**AUTHORIZATION:**

I/We acknowledge that the Authorization is provided for the benefit of the Parish and the "Processing Institution" and is provided in Consideration of Processing Institution agreeing to process debits ("PADs") against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association.

By signing this Authorization, the family acknowledges having received and having read a copy of this Agreement, and agrees to be bound by the terms and conditions of this Agreement.

I/We warrant and guarantee that the person/s whose signature/s are required to sign on the Account have signed the Authorization.

Payor SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Payor SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Return this form to the Parish Office or place it in the Sunday collection basket in a sealed envelope address to the "Parish Secretary – Confidential", plus attach a **blank VOID cheque and/or provide the following information:**

TRANSIT # \_\_\_\_\_ INSTITUTION # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Sample of blank Void cheque → indicating #'s required

