



RaiseRight™

# Mater Dei Parish Registration Form

Please print and complete the following form. To submit, you may:  
scan and email to [mdp.RaiseRight@materdeisc.org](mailto:mdp.RaiseRight@materdeisc.org),  
mail or drop it off at the Parish Office (1212 Morningside Ave., Sioux City, IA 51106),  
or place in the collection basket at mass.

Purchaser \_\_\_\_\_  
(herein referred to as "you" and "your")

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Of the rebates generated by your gift card purchases, you understand that 25% will be retained by Mater Dei Parish (herein referred to as "we" and "us") and applied to the "**Education Building Improvement Fund**" and we ask you to please select how you would like the remaining 75% applied (please select only one, below):

**75% as Bishop Heelan Catholic School tuition credit** for the following school family:  
Parent(s) Name \_\_\_\_\_  
Student(s) Name \_\_\_\_\_  
*\*If not a student for the 2023/2024 school year, please let us know (future student?)*

**75% as Mater Dei Parish Faith Formation tuition credit** for the following family:  
Parent(s) Name \_\_\_\_\_  
Student(s) Name \_\_\_\_\_

**75% to the Mater Dei Parish Education Building Improvement Fund**

You agree to indemnify us against any loss incurred in connection with there being insufficient funds in your account to cover the checks or ACH transfers you issue to pay for your gift cards. We make no representation or warranties of any kind with respect to gift cards. This agreement continues unless replaced by another and can be terminated by either of us at any time. Please sign and date below to indicate your acknowledgment of this agreement.

\_\_\_\_\_  
Purchaser's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mater Dei Parish Authorized Person

\_\_\_\_\_  
Date