



# Pilgrimage to the Birthplace of the Knights of Columbus



## April 20, 2024

Sponsored by Pope Leo Council No. 71, Rev. Richard A. Donnelly Council No. 322, & Arthur S. Rebello Assembly No. 2808



We depart St. Mark Church (31 Poplar Drive, Cranston) at approximately 8 am and drive by Coach Bus to New Haven, Connecticut, where we visit the Birthplace of the Knights of Columbus the beautiful and historic St. Mary Church, celebrate Mass and visit the Tomb of Blessed McGivney, and participate in a tour of the recently renamed Blessed McGivney Pilgrimage Center, before enjoying a New Haven Pizza Reception, and departing to return to St. Mark.

### What is the Blessed Michael McGivney Pilgrimage Center?

The Blessed Michael McGivney Pilgrimage Center's mission focuses on the spirituality and charitable vision of the founder of the Knights of Columbus and his legacy.



#### WHAT'S THE COST?

Cash or Check: \$75

Credit Card: \$ 80

Final payment due  
April 10, 2024

The center was established on Nov. 1, 2020, to advance the vision of Knights of Columbus founder Father Michael J. McGivney (1852-1890). A priest of New Haven, Conn., who is being considered for sainthood in the Catholic Church, he established the new fraternal benefit society on the principles of unity and charity more than a century ago.

#### YOUR COMPREHENSIVE TOUR INCLUDES:

- Snacks & Drinks for the Bus Ride
- Pizza Reception at the Pilgrimage Center
- Parking fees for motor coaches
- Mass will be celebrated

#### RATES DO NOT INCLUDE

- Personal expenses
- Any items not specifically mentioned in the listed inclusions
- Gratuities for the guide(s), and driver are not included in the trip price.
- Church donations



The McGivney Center welcomes visitors to learn about this holy priest's life and legacy, imitate his benevolent outreach to the needy and outcast, and invoke his heavenly intercession for needs, great and small, in their own lives.

The Pilgrimage Center is the new manifestation of the Knights of Columbus Museum, Inc., established in 1982 as a nonprofit institution serving the general public through exhibitions of history, art, and faith. The Center will continue that mission by serving as an archive for the Knights of Columbus Supreme Council and maintaining a permanent gallery showcasing the organization's history, in addition to its greater focus on Father McGivney.

**Please mail your payment to:** Rev. Richard A. Donnelly, Council No. 322, 31 Poplar Drive, Cranston, RI 02920. Prices quoted are based on cash/Check payments. Cash prices are \$75, and Credit card payments are \$80.00. Pilgrimage prices: Prices are based on a minimum of 40 passengers. Prices may be adjusted in the event of fewer than 40 passengers and/or fuel surcharges.

**Responsibility:** By accepting this confirmation, you agree that the Group Leaders and Rev. Richard A. Donnelly Council No. 322, Pope Leo XIII Council No. 71, and Arthur S. Rebello Assembly No. 2808 have no responsibility for any acts or omissions of the travel suppliers in your itinerary and during your trip. We have no special knowledge regarding the financial conditions of the suppliers, unsafe travel conditions, health hazards, or weather hazards at locations traveled. We are not responsible for delays or cancellations or any charges incurred due to unforeseen circumstances. Unused portions of the trip are non-refundable. For information about destination climate, risks, and safety, please consult the appropriate online resources. For health information, consult the Centers for Disease Control and Prevention. Itineraries are subject to change. We are not responsible for any damaged, lost, or stolen articles. We are not responsible for any sickness, injury, or death during or after the trip.

For Online or Credit Card Payment, please scan this QR Code:



ENROLLMENT/CONSENT FORM:

Pilgrimage to the Birthplace of the Knights of Columbus  
April 20, 2024

Please complete this form and mail or email it to Rev. Richard A. Donnelly, Council No. 322.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Medical/Dietary Needs \_\_\_\_\_

Emergency Contact (Name and Phone): \_\_\_\_\_

Enclosed is a check/money order in the amount of \$ \_\_\_\_\_ for my payment.

Signature : \_\_\_\_\_ Date: \_\_\_\_\_