



Dear Father,

Please be kind enough to send me the following Perpetual Membership Enrollments Indicated.

\$10.00 Single    Quantity \_\_\_\_\_

\$25.00 Family    Quantity \_\_\_\_\_

Enclosed is my offering of: \$ \_\_\_\_\_

|                             | QTY   | PLEASE ENROLL |
|-----------------------------|-------|---------------|
| <input type="checkbox"/> M1 | _____ | _____         |
| <input type="checkbox"/> M2 | _____ | _____         |
| <input type="checkbox"/> M3 | _____ | _____         |
| <input type="checkbox"/> B1 | _____ | _____         |
| <input type="checkbox"/> B2 | _____ | _____         |

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Please send this form to the address below. Thank you.

Make check payable to Franciscan Mission Associates. Please be sure to complete all information.  
Franciscan Mission Associates • 274-280 West Lincoln Avenue • P.O. Box 598 • Mount Vernon, NY 10551-0598