



Perpetual Membership Enrollments

Dear Father,

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

\$15.00 Single Quantity _____

\$35.00 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 on the right. 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