



**Please fill out for all
CALENDAR DONATIONS
or
SPECIAL PROGRAM
DONATIONS**

DONOR NAME

AMOUNT ENCLOSED

PHONE

\$ _____

- CASH
 CHECK

KEY (for below)
BDY - Birthday
ANV - Anniversary
IMO - In Memory Of
BAP - Baptism
Other

NAME(S) FOR CALENDAR MEMORIAL	MEMORIAL DATE	MEMORIAL FOR

SPECIAL PROGRAM DONATION FOR:	DATE: MASS: TAKEN BY:
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**Please fill out completely for your donation to be registered.
Turn in to: FHL Ministry Member at table in narthex; or,
please give to sacristan, or put in collection basket.
PLEASE DO NOT LEAVE CASH OR CHECKS UNATTENDED.**