## Congregation of Our Lady of Mount Carmel www.sistersofmountcarmel.org

DONATION SENT BY: DMr. DMrs.	$\square$ Ms. $\square$ Other
NAME	
ADDRESS	
CITY/STATE/ZIP	PHONE
Use this gift of \$	
□ Where gift is most needed	□ Elderly Sisters' Care
□ Child Care Center □ Philippine Missions	□ Timor Leste Formation Fund
	ayable to Sisters of Mount Carmel. re tax deductible in accordance with the law.
□ Send envelopes	Remove my name from mailing list
□ Please acknowledge my donation to my	email:

**REMEMBRANCE** is a meaningful way to commemorate someone on a special occasion, or to remember the deceased with a memorial. A card will be sent in your name to the recipient whom you designate. Mass is celebrated monthly with our Senior Sisters for those who have been enrolled.

Designate my gift:	□ In memory of	□In honor of	
□Mr. □Mrs. □Ms. □Other			
Name			
Occasion			
Make known to:			
□Mr. □Mrs. □Ms. □Other			
Name			
Address			
City		Zip	

PLEASE PRINT CLEARLY. PLEASE DO NOT WRITE BELOW THIS SPACE

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