

St. Faustina Memorial Chairs

“To Memorialize Your Loved Ones”

Today's Date _____

Name _____ *Parish ID No.* _____

Street Address _____

City, State, Zip Code _____

Phone No. _____ *E-mail Address* _____

Payment in Full - \$150.00 _____

(20 Letters per line – not counting spaces)

Wording on Plaque: _____

For further information contact: Kathy Murphy (863) 604-0207