



Dear Father,

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

\$10.00 Single

\$25.00 Family

Enclosed is my offering of:      \$10.00      \$25.00      Other: \$ \_\_\_\_\_

	QTY	PLEASE ENROLL
M1	_____	_____
M2	_____	_____
M3	_____	_____
B1	_____	_____
B2	_____	_____

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

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

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