

FORMULARIO DE PEDIDO PARA VELAS MEMORIAL ANUAL

Por favor IMPRIMA claramente.

INFORMACIÓN EN LA VELA

Seleccioné una opción con X:

En Memoria Amorosa de

Por la Intención de

Nombre o Intención:

PEDIDO POR

Nombre: _____

Apellido: _____

Domicilio: _____

Ciudad: _____

Estado: _____ Código: _____

Email: _____

de Teléfono: _____

OFRENDA POR VELA MEMORIAL

\$250 por año por vela *(Incluye placa)*

FOR PARISH USE ONLY

Date Received: _____

Total Paid: \$ _____

Receipt #: _____

Received By: _____

Assigned Candle #: _____



**OUR LADIES OF FATIMA &
GUADALUPE, PRAY FOR US!**

ORDER FORM FOR ANNUAL MEMORIAL CANDLES

Please PRINT clearly.

INFORMATION ON CANDLE

Select 1 option with an X:

In Loving Memory of

For the Intention of

Name or Intention:

REQUESTED BY

First Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Phone #: _____

MEMORIAL CANDLE OFFERING

\$250 per year per candle *(Includes plaque)*

FOR PARISH USE ONLY

Date Received: _____

Total Paid: \$ _____

Receipt #: _____

Received By: _____

Assigned Candle #: _____