

Save form to desktop; then complete, print and include with cash/check to parish office.

St. Mary Parish Face Masks

\$10.00 each

Name: _____

Address: _____

Phone # or Email: _____

Size:

Number of Masks:

Child

Adult

Adult Large

total # _____ x \$10.00

total due: \$ _____

PAID: Cash/Ck # _____ Amount \$ _____



SIDE

LEFT SIDE LOGO
White/Navy Blue
Best Fit



FRONT