

SAINT MICHAEL'S PARISH
DONATIONS FOR ALTAR FLOWERS

Donor Name: _____

Date of Sunday(s) Selected: _____

Occasion for Thanksgiving: _____

Memorial: (Please print name(s) as you wish it to be shown in the leaflet)

Amount of Enclosed Contribution: \$ _____

SAINT MICHAEL'S PARISH
DONATIONS FOR ALTAR FLOWERS

Donor Name: _____

Date of Sunday(s) Selected: _____

Occasion for Thanksgiving: _____

Memorial: (Please print name(s) as you wish it to be shown in the leaflet)

Amount of Enclosed Contribution: \$ _____