

Our Lady of Guadalupe Memorial Legacy Form

Name(s) _____

Street Address _____

City, State, Zip _____

Phone _____

E-Mail _____

Please select the appropriate boxes:

- In memory of _____
- In honor of _____
- On the occasion of _____
- Sponsored by _____
- \$ _____ is enclosed
- Pledge amount \$ _____ to be paid: Monthly Quarterly Annually
 Other _____
- I choose to make a one-time cash donation of: _____

Suggested Wording for Memorial Plaque:

Memorial Legacy Contact: Reverend Monsignor Joseph P. Gentili 267-247-5374
Our Lady of Guadalupe Parish jpgentili@gmail.com
5175 Cold Spring Creamery Rd., Suite 5
Doylestown, PA 18902

Item Selection: You may call the Parish Office to determine availability of items. Please visit www.olguadalupe.org and click on Capital Campaign/Memorial Opportunities for complete list of items and suggested offering.

Your Memorial Legacy Choice: _____

*ALL GIFTS ARE TAX-DEDUCTIBLE AS PROVIDED BY LAW
NO GOODS OR SERVICES WILL BE GIVEN IN EXCHANGE FOR THESE DONATIONS*