

Our Lady of Guadalupe Memorial Legacy Form

Name(s) _____ Date: _____

Street Address _____

City, State, Zip _____

Cell 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
5194 Cold Spring Creamery Rd.
Doylestown, PA 18902

Item Selection: You may call the Parish Office to determine availability of items. Please visit www.olguadalupe.org and click on 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*