

FRIENDS OF SAINT ANGELA ENROLLMENT FORM

Please complete this form (please print) and return it with your offering

My Name _____

Phone (_____) _____ email _____

Address _____

City _____ State _____ Zip _____

\$10 Offering \$30 Perpetual Offering Other \$ _____

Please make checks payable to: Ursuline Sisters

I wish to enroll

_____ Living Deceased

Ursuline Sisters, Friends of Saint Angela

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