

**CHAIR FUND MEMORIAL REQUEST**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ENVELOP No. \_\_\_\_\_

AMOUNT ENCLOSED: \_\_\_\_\_

PLEASE LIST INDIVIDUAL'S NAME ON THE APPROPRIATE LINE BELOW. IT SHOULD BE EXACTLY AS YOU WISH IT TO BE ENGRAVED ON THE NAMEPLATE. PRINT CLEARLY AS NAMES ARE CASE SENSITIVE.

IN MEMORY OF \_\_\_\_\_

OR

IN HONOR OF \_\_\_\_\_

CHECKS MADE PAYABLE TO: TRINITY PARISH

DONATION: \$150 PER CHAIR

ALL FORMS AND PAYMENTS SHOULD BE RETURNED TO STEPHEN DITTRICH.

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

SIGNATURE OF TREASURER \_\_\_\_\_