

I would like to enroll _____
(name of person)

in the Sts Cosmas and Damian Memorial Fund. This person is
__Deceased __Living

Please send acknowledgement to (please print):

Name _____

Street or PO Box _____

City, State, Zip Code _____
Or Province and Zip Code

Country _____

Your name _____

Street or PO Box _____

City, State, Zip Code _____
Or Province and Zip Code

Country _____

Please send this form together with your donation of \$6.00 to:

St. Anthony & St. Agnes Church
Memorial Fund Enrollment
PO Box 4156
Utica, NY 13504