

NAME: _____

5 lines of text with 14 characters per line

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PLEASE **PRINT CAREFULLY AND CLEARLY** WHAT YOU WOULD LIKE ON YOUR PAVER. PLEASE REMEMBER: ONE SPACE APPLIES FOR EACH LETTER, SPACE, OR SYMBOL. PLEASE PRINT LETTERS AS YOU WANT ON YOUR PAVER. ALL LETTERS WILL BE IN CAPITAL LETTERS.

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Signature _____

Amount Paid _____ Ck / Cash

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Please make check payable to St. Joseph’s. Return completed form and check to the Office or put in Collection Plate to the Attention of Cindy Augustine. If you have any questions, please contact Cindy at 716-713-7350 or cindyaugustine@hotmail.com. NOTE: WHETHER OR NOT I AM WORKING IN THE PARISH HALL, I WORK IN THE CHURCH OFFICE ON MONDAY MORNINGS AND YOU CAN CALL ME AT MY NUMBER LISTED ABOVE WITH ANY QUESTIONS OR CONCERNS.