

FOR **NEW** ENROLLMENTS

Memorials Committee
Trinity Episcopal Church
3552 Morning Glory Avenue
Baton Rouge, LA 70808

Date: _____

Dear Committee:

The Perpetual Memorial & Endowment Fund program as described fulfills a need for me/us as well as for Trinity Episcopal Church - as indicated below:

Please check appropriate boxes

Enclosed please find \$100 per person (OR: \$_____. Fill in total amount if initial contribution is larger than the minimum of \$100 per person) to enroll forever in the Trinity Episcopal Church Perpetual Memorial & Endowment Fund:

If deceased:	
Year of Birth	Year of Death
()	()

Name of person to be honored, as you wish it listed in publications (e.g., John William Brown; Mary Johnson Brown, or Mrs. John W. Brown)

Memorial Citation, if desired (NOTE: This can be worked out later):

Please print. Use the reverse side of this form or a separate sheet to furnish information on additional persons being enrolled at this time. Above wordings can be changed later, if you wish.

I understand that only one person may be enrolled per minimum \$100 initial contribution.

I would like more information. Please have a Committee Member telephone me. I understand someone will gladly call in person to discuss the program in greater detail, and that in making this request I obligate myself in no manner.

MY NAME(S) (please print) _____
(As you wish it to appear in publications)

Street Address _____

City/State/Zip Code _____

Telephone: HOME _____ OFFICE _____

Please send notification of this gift to:

NAME(S) _____

(Their relationship to honored person) _____

Street Address _____

City/State/Zip Code _____

FOR **EXISTING** ENROLLMENTS

Additional and/or revised information

Additional Contributions

Memorials Committee
Trinity Episcopal Church
3552 Morning Glory Avenue
Baton Rouge, LA 70808

Date: _____

Dear Committee:

The Perpetual Memorial & Endowment Fund program as described fulfills a need for me/us as well as for Trinity Episcopal Church - as indicated below:

Please check appropriate boxes

Regarding: _____
(name as currently carried)

Please make the following changes and/or additions

If deceased:

Year of
Birth

Year of
Death

() ()

Name of person to be honored, as you wish it listed in publications (e.g., John William Brown; Mary Johnson Brown, or Mrs. John W. Brown)

Memorial Citation:

I would like to make an additional gift toward the following existing enrollment

\$ _____ in honor of (name): _____

Please print. Use the reverse side of this form or a separate sheet for additional persons. An additional gift is not necessary to make changes in wordings of existing enrollments.

MY NAME(S) (please print) _____
(As you wish it to appear in publications)

Street Address _____

City/State/Zip Code _____

Telephone: HOME _____ OFFICE _____

Please send notification of this gift to:

NAME(S) _____

(Their relationship to honored person) _____

Street Address _____

City/State/Zip Code _____