

YOUR NAME _____

YOUR ADDRESS _____

IN (living) HONOR OF _____

OR

IN (deceased) MEMORY OF _____

WITH ACKNOWLEDGEMENT TO _____

THEIR ADDRESS _____

DONATION AMOUNT \$ _____ DATE _____ CHECK # _____

Make checks payable to ST. MATTHEW'S MEMORIAL FUND

30900 SIX MILE RD.

LIVONIA, MI 48152