Sanctuary Lamp Request Form

Remains lit for one week beginning on a Saturday

PLEASE PRINT

In Memory of/In Honor of :

_____

Requested by: _____

Phone number : _____

Preferred date: **Saturday** _____

Alternative date: **Saturday** _____

No preference of date: ☐

Stipend is $10.00 and must be included when returning form to the parish office, cash or check made payable to Our Lady of Grace Church.

Please return the completed form and stipend to the parish office in one of the following ways: in person during regular business hours, by mailing it, or by placing it in the weekend collection basket in an envelope clearly marked "Lamp Request", lamp requests will be scheduled in the order that request forms are received.

For office use only

Amount enclosed:_____

☐ Check # _____ ☐ Cash

Date received:

☐ Mass Book ☐ computer

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