

OUR LADY OF GRACE
BRIGHT LIGHTS MEMORIAL
ORDER FORM

1 PARISHIONER INFORMATION

Name: _____

Phone: _____ Email: _____

2 MEMORIAL SELECTION (check all that apply)

☐ Christmas Tree - \$200

☐ Wreath - \$50

☐ Large Poinsettia - \$55

☐ Small Poinsettia - \$30

☐ Memorial Tree of Lights - \$20

☐ New tree sign - \$25 extra

Quantity / details: _____ Total: \$ _____

3 MEMORIAL DEDICATION

In honor of / In loving memory of (name): _____

Memorial given by / From (name or family): _____

Personalized message for the sign or tribute (if applicable):

4 PAYMENT METHOD (check one)

☐ Check enclosed Check number: _____

☐ I will pay at the Rectory Office

☐ Credit card (complete information below)

Name on card: _____

Card number: _____ Exp. (MM/YY): _____

Billing ZIP: _____ Signature: _____

Please do not write your card security code (CVV) on this form.

Returning signs from last year will be displayed at no additional cost.

Changes to last year's sign: \$25. New tree signs: \$25 extra.

Return completed forms and payments directly to the Rectory Office.

100-05 159th Avenue, Howard Beach, NY 11414 | 718-843-6218

Office use: Amount received \$ _____ Date _____ Received by _____