

Perpetual Memorial Form

Thank you very much for your donation of:

\$15 _____ \$25 _____ \$50 _____ Other _____

To the Congregation of the Resurrection. Kindly complete (print) the information below:

Name of Funeral Home or Parish:

Name of Person to be Remembered:

Requested By:

Date:

Address:

City, State, Zip:

Please send this form along with a check made payable to the “**Congregation of the Resurrection**” to the following address:

**Congregation of the Resurrection
Director of Development
3601 N. California Avenue
Chicago, IL 60618**