

2024 Annual Lenten Appeal

NAME _____ AMT \$ _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE (____) _____ E-MAIL _____

Check payable to *Seminary of the Immaculate Conception*

CREDIT CARD OPTION: AMEX M/C VISA DISC

CARD NO. _____ EXP. _____ CVV# _____

Prayer Intention to be placed at altar in the Holy Cross Chapel during Lent

Complete Room Renovation (\$1,000) \$ _____

Guest Room Upgrade

Bed Replacement (\$500) \$ _____

Bed Linens (\$100) \$ _____

Night Table (\$100) \$ _____

Lamp (\$50) \$ _____

Arm Chair (\$150) \$ _____

Window Covering (\$75) \$ _____

Miscellaneous (Painting, Repair, etc.) \$ _____

Rector's Discretionary Fund \$ _____

General Donation/Unrestricted \$ _____

All gifts are deductible for Federal Income Tax purposes as permitted by law.