



SAINT THERESE FOUNDATION  
**Tree of Lights**

**Contact Information**

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Gift Information**

In Memory of \_\_\_\_\_  
\_\_\_\_\_  
 In Honor of \_\_\_\_\_  
\_\_\_\_\_

**I would like my gift to support:**

- Saint Therese of New Hope
- Saint Therese at Oxbow Lake
- Saint Therese of Woodbury
- Saint Therese at St. Odilia
- Transitional Care by Saint Therese  
Tributes to be recognized at Saint Therese of  
New Hope service on December 3, 2018

**I would like to join the following service  
Number of Guests \_\_\_\_\_**

- Saint Therese at St. Odilia**  
November 27, 2018, 6:00 p.m.
- Saint Therese of Woodbury**  
November 29, 2018, 6:00 p.m.
- Saint Therese at Oxbow Lake**  
December 1, 2018, 11:00 a.m.
- Saint Therese of New Hope**  
December 3, 2018, 6:00 p.m.

**Total Amount Enclosed: \$** \_\_\_\_\_

- Check payable to **Saint Therese Foundation** enclosed
  - Cash enclosed
  - Charge my credit card\* (circle one)    Visa    Mastercard    American Express    Discover
- Credit Card Number: \_\_\_\_\_  
Exp: \_\_\_\_\_      Billing Zip Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

**Gifts must be received by November 27  
for names to be included in service**

**Mail completed form to the  
following address**

Saint Therese Foundation  
1660 S Hwy 100, Suite 103  
Saint Louis Park, MN 55416



Saint Therese