



CONTACT INFORMATION

Name: _____ Organization: _____
Address: _____ City, State, Zip: _____
Email: _____ Phone: _____

TRIBUTE INFORMATION

In memory of _____ In honor of _____

I WANT 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 on December 2, 2019

I WOULD LIKE TO JOIN DURING:

- Saint Therese of Woodbury
November 21, 2019, 6:00 p.m.
Saint Therese of New Hope
December 2, 2019, 6:00 p.m.
Saint Therese at St. Odilia
December 3, 2019, 6:00 p.m.
Saint Therese at Oxbow Lake
December 7, 2019, 11:00 a.m.

TOTAL ENCLOSED AMOUNT: \$ _____ NUMBER OF GUESTS: _____

- Check payable to Saint Therese Foundation enclosed. Cash enclosed
Charge my credit card (circle one): Visa Mastercard American Express Discover

Credit card number: _____
Exp: _____ CVV: _____ Billing zip: _____

Signature: _____

TRIBUTES RECEIVED BY NOV. 20, 2019 WILL BE INCLUDED IN PREFERRED SERVICE.

Mail completed form to: 1660 South Highway 100, Suite 103 Saint Louis Park, MN 55416



Saint Therese
FOUNDATION