



TREE OF LIFE

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NO: *(Home)* _____ *(Work)* _____

EMAIL: _____

Yes, I would like to purchase a leaf or root marker!

In Memory/Honor of:

Enclosed is my gift of \$250 for a root marker.

Enclosed is my gift of \$125 for a leaf.

PAYMENT METHOD

CHECK *(Please make payable to Nazareth Academy High School)*

VISA/MASTERCARD

NAME: *(as appears on credit card)* _____

CREDIT CARD NO: _____ EXP. DATE: _____

SIGNATURE: *(required)* _____