## St. Martha Catholic Church

200 N. Orange Avenue, Sarasota, FL 34236 (941) 366-4210 / Fax (941) 954-8434

## **VOTIVE CANDLE WALL REQUEST**

These candles will be lit on the first business day of each month.

Donation is \$25.00 per month per candle or \$240.00 for 1 year per candle.

Check <u>must</u> accompany request form. Check payable to St. Martha Catholic Church.

ame of Pe	erson	. oquot										
ddress: _												
none:		Email:										
lease cle	arly p	orint t	he <u>nam</u>	<u>ne</u> of	the i	ntende	ed belov	w (in	cluc	le sp	ace &	dashe
	1	I				1 1					1	
Mark	( \( \sigma \)	the N	lonth a	nd Y	ear t	hat vo	u would	d like	the	Voti	ve Ca	ndle li
Mark	( ✓)	the N	lonth a	nd Y	ear t		u would	_		Voti	ve Ca	ndle li
Mark	( ✓)	the N			ear t	hat yo 2015	u would	_	) the	Voti	ve Ca	ndle li
Mark	( 🗸 )	the N	Janua	ry				_		Voti	ve Ca	ndle li
Mark	( 🗸 )	the M	Janua Februa	ry ary			1	_		Voti	ve Ca	ndle li
Mark	( 🗸 )	the N	Janua Februa March	ry ary			1	_		Voti	ve Ca	ndle li
Mark	( 🗸 )	the M	Janua Februa March April	ry ary			1	_		Voti	ve Ca	ndle li
Mark	( 🗸 )	the N	Janua Februa March	ry ary			1	_		Voti	ve Ca	ndle li
Mark	( 🗸 )	the M	Janua Februa March April May June July	ry ary			1	_		Voti	ve Ca	ndle li
Mark	( 🗸 )	the N	Janua Februa March April May June July Augus	ry ary			1	_		Voti	ve Ca	ndle li
Mark	( ✓)	the M	Janua Februa March April May June July Augus Septe	ry ary st mber			1	_		Voti	ve Ca	ndle li
Mark	(	the N	Janua Februa March April May June July Augus	ry ary st mber er			1	_		Voti	ve Ca	ndle li

FOR OFFICE USE ONLY

Check#\_\_\_\_ Received by \_\_\_\_ Date \_\_

Amount Paid \$\_\_\_\_ Cash \_\_\_