Living Endowment Enrollment Form

St. James Church Perpetual Memorial & Endowment Fund

St. James Church, 3750 E. Douglas Ave., Wichita, KS 67208

Please check appropriate boxes:

☐ **NEW ENROLLMENT** ☐ **ADDITION TO AN EXISTING ENROLLMENT (USE REVERSE SIDE)**

I wish to honor the following person(s) by enrollment forever in the St. James Church Perpetual Memorial & Endowment Fund: (Indicate name(s) as you wish it to be listed in publications (e.g. John William Brown, or Mr. John W. Brown; Mary Johnson Brown, or Mrs. John W. Brown).

_____ Year of Birth (_____)

Tribute or Message (this can be worked out later), (*desired* max. 100 characters and spaces), (continue on an additional page if needed):

_____

_____

☐ **I am enclosing $ _____ ($100 minimum) for this enrollment. OR,**

☐ **I agree to make periodic gifts (to total no less than $100) as follows:**

_____

Please print. Use separate enrollment form to furnish information on additional person(s) being enrolled at this time. Above wordings can be changed later, if you wish.

I understand that only one enrollment per minimum $100 initial contribution (commitment).

MY NAME(S) (please print) _____

(as you wish it to appear in publications)

Street Address _____

City/State/Zip Code _____

Telephone: HOME _____ CELL _____

Email address: _____

☐ Please send notification of this gift to:

NAME(S) _____

Street Address _____

City/State/Zip Code _____

☐ **ADDITION TO AN EXISTING ENROLLED ENDOWMENT**

For Office Use: Existing Enrollment/Gift Number _____

I wish to honor the following person(s) by adding to their existing enrollment in the St. James Church Perpetual Memorial & Endowment Fund:

☐ Continue the existing Tribute (or Message) as currently published. OR,

☐ Revise the related Tribute (or Message) to read as follows (*desired* max. 100 characters and spaces), (continue on an additional page if needed):

☐ **I am enclosing $ _____ to add to this existing enrollment.**

Please print. Above wordings can be changed later, if you wish.

MY NAME(S) (please print) _____
(as you wish it to appear in publications)

Street Address _____

City/State/Zip Code _____

Telephone: HOME _____ CELL _____

Email address: _____

☐ Please send notification of this gift to:

NAME(S) _____

Street Address _____

City/State/Zip Code _____