

**Memorial 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 ( \_\_\_\_\_ )

Year of Death ( \_\_\_\_\_ )

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

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**I agree to inviting gifts to this memorial at the time of the Memorial Service. OR,**

**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.**

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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 gifts to this memorial to (IF DIFFERENT FROM ABOVE):

NAME(S) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

**ADDITION TO AN EXISTING ENROLLED ENDOWMENT**

**For Office Use: Existing Enrollment 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 \_\_\_\_\_