Monastery of St. Clare
Memorial/Perpetual
Enrollment Card Form

Name: _____

Occasion: _____

(sympathy, birthday, anniversary, graduation, etc.)

From: _____

(How you would like the card signed)

Address where card is to be sent:

_____

_____

_____

_____

Your telephone number: _____-_____-_____

(If there are any questions)

The enclosed donation is made for the person named above:

$_____

Please mail this form to:

Monastery of St. Clare
Attn: Memorial/Enrollment Cards
1505 Miles Road
Cincinnati, OH 45231