

# MOREAU REMEMBRANCE GARDEN

We are pleased to offer an opportunity for you, our cherished donor, to have your name engraved in the Moreau Garden Book of Remembrance. Or you may make a gift in memory of or in honor of a loved one, and at your request we will send a card announcing that they will be included in the book.

We are asking for a minimum donation of \$200 for each name listed, which will be used for the Sisters' retirement needs and the Ministry With the Poor fund. The names in the book will be updated at least once a year. We are grateful to all who helped to bring this garden to life. Everyone named in the Book of Remembrance are remembered daily in the prayers of our sisters. **DO NOT EMAIL THIS FORM.**

**Yes, I want to add a name to the Moreau Garden Book of Remembrance.**

Donor's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Enclosed is my tax-deductible gift of \$200 or more for each listing. Amount \$ \_\_\_\_\_

Method of payment:

**Check enclosed payable to: Sisters of the Holy Cross**

**Credit card:**  Visa  MasterCard  American Express  Discover

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on credit card (please print) \_\_\_\_\_

Signature \_\_\_\_\_

**NAME AS IT SHOULD APPEAR IN THE BOOK (INCLUDE UP TO 42 CHARACTERS AND SPACES INCLUDING PUNCTUATION). PLEASE PRINT.**

**If this gift is a tribute, please check one:**  in honor of  in memory of.

If you would like a card sent informing someone that this name will be included in the Book of Remembrance, please provide the name and address of the recipient:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**MAIL TO: SISTERS OF THE HOLY CROSS, DEVELOPMENT OFFICE  
407 BERTRAND HALL—SAINT MARY'S, NOTRE DAME, IN 46556-5000**