

St. Thomas Episcopal Church

Date Requested \_\_\_\_\_

Name(s) requesting \_\_\_\_\_

Choose One: 1. Given in honor of \_\_\_\_\_

2. Given in memory of \_\_\_\_\_

3. Given in celebration of \_\_\_\_\_

Name of person(s) memorialized

1. \_\_\_\_\_

2. \_\_\_\_\_

Notes:

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\_\_\_\_\_  
Signature of person making request

\_\_\_\_\_  
Date