

St. Sebastian Catholic Church

Tree of Life Leaf Project

Donor's Information:

Name of Donor _____

Mailing Address _____

Primary Phone No. _____ Email Address _____

Donation:

Make Checks payable to *St. Sebastian Catholic Church Fund Raising Account*

Check # _____ Amount _____

Cash \$ _____

Name and text on Leaf . Up to 60 characters. (PLEASE PRINT)

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Mail order form or Hand deliver to:

St. Sebastian Catholic Church
Attn: Sandi Mann
Parish Office
2000 Marietta Dr.
Fort Lauderdale, FL 33316