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)

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Mail order form or Hand deliver to:

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