

Seven Ray Rosary Order Form

(Please print and mail in form)

Date: _____
mm/dd/yy)

Ship To: (USA ONLY)

Name: _____

Address: _____ APT/STE # _____

City: _____ State: _____ Zip: _____

Email Address: _____

(Required so we may email you a tracking # for your order)

Phone # (____) _____ - _____

Item	Price	Qty	Total
Seven Ray Rosary	\$33	_____	\$ _____
		Shipping	\$7.00
		Total	\$ _____

Payment Information

Check or Money Order Enclosed.
Make payable to The Church of St Francis TLCC. Please write "rosary order" on the memo line.

Please invoice me via Paypal. My Paypal ID is _____
(Order will not be shipped until payment is received.)

Please complete this order form and mail it to:

The Church of St Francis TLCC.
C/O Sr. Rabecca Collin
12 W School St
Villa Park, IL 60181

www.liberalcatholic.com