

**Mothers' Wall of Life
National Shrine of Mary, Mother of the Church
176 Marian Dr.
Laurie, MO. 65037
573 374-6279**

Enclosed is my offering of \$400.00 for each name I want engraved on the Mothers' Wall of Life. Maximum three names per person. Please print clearly.

Amount enclosed \$_____ for _____ names. I wish to make an additional contribution for the upkeep of the Shrine.

Total Enclosed \$_____.

Mothers Names I wish engraved on the Mothers Wall of Life (Please print clearly.)

1) _____

2) _____

3) _____

All gifts are tax deductible and are promptly acknowledged with a beautiful card sent to the enroller.

Please send the acknowledgement to:

Name _____ Telephone# _____

Address _____ City _____ State _____ Zip _____

Thank you for allowing us this opportunity to immortalize our mothers.

YOU MAY FILL OUT THIS FORM AND MAIL IT TO THE ADDRESS AT THE TOP OF THE FORM ALONG WITH YOUR CHECK.