



St. John School Commemorative Book Program

Your Name: _____

Your Address: _____

City _____ State _____ ZIP _____ Daytime Phone: _____

List student(s) name: 1) _____
 2) _____
 3) _____
 4) _____

| Name | Special Event | Date of Event |
|----------------------|--|----------------------|
| (Example) Judi Jones | in memory of my parents 30th anniversary | Nov. 2006 |

1) _____
 2) _____
 3) _____
 4) _____

Average cost of a book is \$25.

- | | |
|---|---|
| <input type="checkbox"/> Please select a book for me or my child/grandchild | <input type="checkbox"/> Enclosed is a donation to St. John School. Use where needed. |
| <input type="checkbox"/> Bill me after book is selected. 15% shipping and handling is added to the cost of the book | <input type="checkbox"/> Ask my student to select his/her book of choice. |
| <input type="checkbox"/> Payment enclosed \$ _____ | Make checks payable to <i>St. John School</i> |

Preferred topics or authors?

