

Date of Order: _____

Your name: _____

Phone: _____

Email: _____

Paid by: _____ Cash

_____ Check (payable to St John the Divine with AGM on memo line.)

_____ Credit Card (Visa or Mastercard)

Card number: _____

Exp date: _____

Name on card: _____

Billing Address: _____

Signature: _____

Gift amounts indicate the minimum. Generous donations above that amount are greatly appreciated.

When the Market Table in Sumners Hall is not open, you may leave your order at the Reception Desk (in a sealed envelope marked "AGM.") You may also email your order to Jenni Jensen at outreach@sjd.org. All orders received by 10:00 a.m. Friday will be ready for pickup the next Sunday in Sumners Hall.

Each "gift" from this catalog represents a contribution to the mission or organization named. When projects are fully funded, additional donations will be used by the recipient where the need is greatest.

_____ Please initial here if you would like these missions/ministries to be given your name and address..

Payment received: _____

Cards done: _____