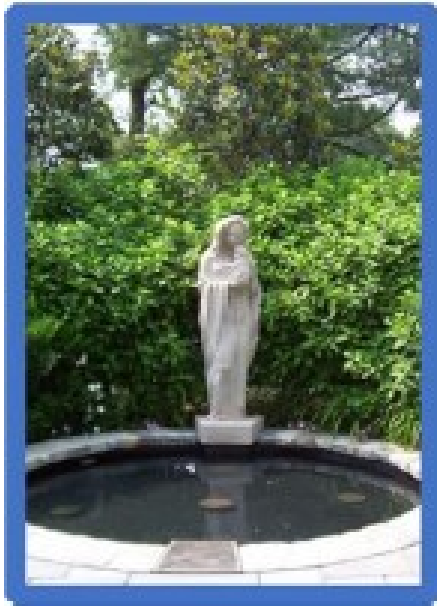


Honor that special woman in your life on Mother's Day



Donation per request: \$20.00

Payment Options:

Check _____

Credit Card: Visa, Mastercard, Amex, Discover

Name on Card: _____

Card Number: _____

Exp. Date: _____

Security Code: _____

Signature _____

Please remember the following women at the Basilica of the
National Shrine of the Immaculate Conception in
Washington DC.

Name of woman to be remembered:

Address to which prayer card will be sent if you wish:

Name of Donor as you wish it to appear on the card:

Name of woman to be remembered:

Address to which prayer card will be sent if you wish:

Name of Donor as you wish it to appear on the card:

Name of woman to be remembered:

Address to which prayer card will be sent if you wish:

Name of Donor as you wish it to appear on the card:

Name of woman to be remembered:

Address to which prayer card will be sent if you wish:

Name of Donor as you wish it to appear on the card:

**Request must be received in the NCCW office
by April 29, 2024**