Seasonal Parishioners

DEAR PARISHIONE	R:	PLEASE FIL	PLEASE FILL-IN THE FOLLOWING INFORMATION: FLORIDA ADDRESS			
IF YOU ARE A SE						
PLEASE LET THE	PARISH OFFICE K	NOW Name:				
WHEN YOU WILL AREA, AND WHEN BACK SO WE	YOU WILL BE CO	I THE Address:	Address: Zip Code: E-mail Address:			
DELIVERY.		E-mail Ad				
THANK YOU FOR Y	OUR COOPERATIO				HERN ADDRESS	
		Name:				
Mark with an "X"	those months th	Address:	Address:			
you will be absent	i:	State:	Zi	p Code:		
MARCH	APRIL	MAY	JUNE	JULY	AUGUST	
SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	
ENVELOPE NUMBE	R:	DN:				

ATTENTION: DATA ENTRY

PLEASE MAIL TO:

HOLY REDEEMER CATHOLIC CHURCH P. O. BOX 916 PALM CITY, FL 34991