



Saint Joseph Guild Card Order Form

Please send me the following SAINT JOSEPH GUILD cards:

ENROLLMENT CARDS

PERPETUAL

- 1D. _____ Deceased Folder **\$10.00**
- 1L. _____ Living Folder **\$10.00**

ANNUAL

- 2D. _____ Deceased **\$5.00**
- 2Ds. _____ Deceased (Spanish) **\$5.00**
- 2L. _____ Living **\$5.00**

- 4. _____ Saint Joseph Novena Card **\$5.00**
- 5. _____ "Thank You, Dear God" Prayer Card **\$.10**
- 6. _____ Holy Family" Holy Card with "Prayer for My Family" 100 pkg/ **\$10**
- 6A. _____ Print of #6 – 5" x 7" **\$2.00**
- 6B. _____ Print of #6 – 8" x 10" **\$5.00**

ALL OCCASION CARDS

Offering for all cards: **\$5.00 each**

- | | | |
|--------------------------------|---------------------------------|---------------------------|
| 8. _____ Get Well Prayer | 16. _____ Welcome Baby | 23. _____ Mother's Day |
| 8A. _____ Get Well Soon | 17. _____ Wedding | 24. _____ Father's Day |
| 9. _____ Birthday Blessings | 18. _____ Spiritual Remembrance | 25. _____ Easter |
| 9A. _____ Birthday Greetings | 19. _____ Happy Occasion | 26. _____ Baptism |
| 10. _____ With Gratitude | 20. _____ Christmas | 27. _____ First Communion |
| 11. _____ With Sympathy | 21. _____ Jubilee | 28. _____ Confirmation |
| 12. _____ Birthday Remembrance | 22. _____ Thinking of You | 29. _____ RCIA |
| 13. _____ Wedding Anniversary | 22A. _____ Thanksgiving Day | 30. _____ Sending Prayers |
| 14. _____ Loving Remembrance | | |

Pay with Credit Card or Send a Check

Circle Card Type



_____ (other) Amount Total: _____

***Minimum credit charge is \$10**

Credit Card Number: _____ Security Code: _____

Expiration Date (MM/YY): _____

Name on Card: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone Number: (___) _____ - _____

Email: _____

Authorized Signature: _____

Send order form(s) along with payment information to:

Saint Joseph Guild • P.O. Box 36 • Flourtown, PA 19031
(215) 248-7240 • ssjguild@ssjphila.org