



For each Christmas card, please provide the following information.  
You can use the back of this sheet for additional cards if necessary.

MAILING ADDRESS.: PO BOX 16459, ST. LOUIS, MO 63125-0459  
PHONE: (314)381-5686 between 9:00am and 4:00pm. FAX: (314)381-6756

We cannot guarantee mail delivery for card requests received after DECEMBER 10.  
Cards can be ordered by MAIL, FAX, or PHONE.  
For orders of more than ten (10) cards, please use MAIL or FAX.

### CHRISTMAS CARDS AVAILABLE:

**PERPETUAL ENROLLMENT:** (groups cannot be enrolled)  
**Individual or Husband and Wife..... \$15.00**  
**Family..... \$25.00**  
(names of persons perpetually enrolled are written in gold calligraphy)

**TEMPORARY ENROLLMENTS:** (groups cannot be enrolled)  
(special Christmas family rates)  
**One Year for Individual or Family..... \$4.00**  
**Three Years for Individual or Family..... \$7.00**

**NOVENA CARDS (9 days of prayer):**  
(for Individual / Husband & Wife / Family / Group)..... **\$3.00**

**An offering for postage is always welcome and appreciated.**

Your name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Your phone number \_\_\_\_\_  
(Important in case we have any questions about your order)

METHOD OF PAYMENT:  Check or Money Order (payable to Mount Grace Convent)  
 Visa  MasterCard

Account Number: | | | | | | | | | | | | | | | | | | | | | |

Expiration Date: | | | | | Total Offering: \$ \_\_\_\_\_  
month | year

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 Perpetual  Three Years  One Year  Novena  
PLEASE ENROLL: \_\_\_\_\_  Living  Deceased

Send Christmas gift card to:  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Sign card from: \_\_\_\_\_

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 Perpetual  Three Years  One Year  Novena  
PLEASE ENROLL: \_\_\_\_\_  Living  Deceased

Send Christmas gift card to:  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Sign card from: \_\_\_\_\_

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 Perpetual  Three Years  One Year  Novena  
PLEASE ENROLL: \_\_\_\_\_  Living  Deceased

Send Christmas gift card to:  
Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Sign card from: \_\_\_\_\_