

NAME: \_\_\_\_\_

**Allowance 3 lines of text, 14 characters per line**

PAVER SIZE 4 x 8

PHONE NUMBER \_\_\_\_\_

LOCATION \_\_\_\_\_

PLEASE **PRINT CAREFULLY AND CLEARLY** WHAT YOU WOULD LIKE ON YOUR PAVER. PLEASE REMEMBER: ONE SPACE APPLIES FOR EACH LETTER, SPACE, OR SYMBOL. PLEASE PRINT LETTERS AS YOU WANT ON YOUR PAVER. ALL TEXT WILL BE IN CAPITAL LETTERS.

<p>_____</p> <p>_____</p> <p>_____</p>
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Signature \_\_\_\_\_

Amount Paid \_\_\_\_\_ (CK / Cash)

Your signature verifies the above information is correct

**Please make check payable to St. Joseph's. Please note in Memo area of check: PAVER. Return completed form and check to the Office or put in Collection Plate to the Attention of Cindy Augustine. If you have any questions, please contact Cindy at 716-713-7350 or [cindyaugustine@hotmail.com](mailto:cindyaugustine@hotmail.com). Thank you.**

**NOTE: WHETHER OR NOT I AM WORKING IN THE PARISH HALL, I WORK IN THE CHURCH OFFICE ON MONDAY MORNINGS AND YOU CAN CALL ME AT MY NUMBER LISTED ABOVE WITH ANY QUESTIONS OR CONCERNS.**