

Archbishop Chapelle High School Spiritual Gift Program

Memorial/Recovery Card

Name of person you wish to enroll: _____

Type of Spiritual Gift Card: Recovery Memorial

Name and Address card should be sent to:

From _____

Address for acknowledgement card: _____

For more information, please contact the Office of Advancement at
504-467-3105, ext. 119 or via email at cbuisson@archbishopchappelle.org.