



# Mary Immaculate Guild, Inc.

Member Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Individual Membership (\$50.00 or more)

\_\_\_\_\_ Annual in Memoriam Membership (\$50.00 or more)

In Memory of \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_ (*Please make checks payable to MI Guild, Inc.*) Please bill me: \_\_\_\_\_

For your convenience, Visa and Mastercard are accepted: \_\_\_\_\_ Visa \_\_\_\_\_ MC

Signature: \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date: \_\_\_\_\_