

Sympathy Card Request Form

SYMPATHY CARD REQUEST FORM



Note: Form must be printed clearly or use all capital letters!

Name of Deceased Member: _____

Council Name and Number: _____

Highest KofC Office Held: _____ Date of Death: _____

Send Sympathy Card to: _____ Relationship: _____

Address: _____ City: _____

State: _____ Zip: _____

- We would like to honor our Brother Knight with a contribution to Catholic Education and ask that you place his name on the memorial board. Our \$25 check payable to **Columbian Charities** is enclosed.

Mail to: Michael Deamos, Sympathy CardChairman
1904 Pine St., Higginsville, MO 64037

Please duplicate as needed or submit information online at the mokofc.org website



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