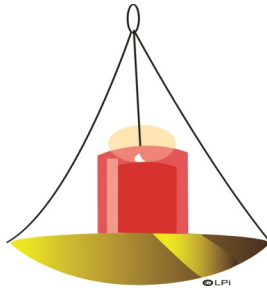


SANCTUARY LAMP REQUEST



The Sanctuary Candle Burns for 2 weeks.

FOR: _____

REQUESTED BY: _____

CONTACT: _____

DATE: (1ST CHOICE) _____

(2ND CHOICE) _____

Stipend: \$25.00

Make Checks Payable to

St. John the Evangelist Church

OFFICE USE ONLY

Lamp Scheduled for: _____ Paid: _____