



ST. PEREGRINE PATRON OF THOSE WITH CANCER

St. Peregrine Cancer Guild - Shrine of Our Lady of Guadalupe Enrollment Form

Seeking the Intercession of Saint Peregrine, I would like to enroll

in the St. Peregrine Cancer Guild at the Shrine of Our Lady of Guadalupe
Members of the St. Peregrine Cancer Guild will be remembered
for one year
in a Holy Mass celebrated at the Shrine of Our Lady of Guadalupe
on the first Monday of each month.

The person enrolled is: ___ living ___ deceased ___ family member of those with cancer ___ other

This enrollment is requested through the prayerful kindness of:

Name _____

Address _____ Apt./Unit _____

City _____ State _____ Zip _____

Email (if you would like a confirmation that your enrollment request has been received)

Thank you for your donation of \$15.00 _____ or more for the spiritual mission of the Shrine.

Checks should be made payable to: Shrine of Our Lady of Guadalupe

Cash

Check/Money Order (make payable to *Shrine of Our Lady of Guadalupe*)

VISA Mastercard Discover

Card Number

Expiration Date Signature: _____

Please send me another enrollment card for my future use.

The Shrine is a 501 (c)(3) organization.
All donations are tax deductible.

Mail completed form to:

**SHRINE OF
OUR LADY OF GUADALUPE**
P.O. BOX 1237
LA CROSSE, WI 54602-1237

Visit the shrine honoring St. Peregrine
in the Shrine Church at the
Shrine of Our Lady of Guadalupe
La Crosse, Wisconsin