

St. Callistus Church

Altar Flower Sponsor Form

Sponsor Name _____ Phone: _____

Sponsors may be asked to do the offertory YES (Accept) NO (Decline)

What Mass Time do you attend? *(Please check one below)*

5:30 PM (Vigil Mass) 8:00 AM Mass 10:00 AM Mass 12:00 Noon Mass

Amount Donated: \$ _____

PLEASE MAKE YOUR CHECK PAYABLE TO:
ST. CALLISTUS CHURCH

FOR PARISH STAFF ONLY:		
Date Received: _____	Amount Recd: \$ _____	Received by: _____
Payment Method:	<input type="checkbox"/> Check No: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Zelle – confirmed transaction via email

**** Please bring completed form and donation to the Parish Office or send to st.callistus@sbcglobal.net if Zelle. ****