## Quick Registration St. Mel Catholic Church

## Do you wish to receive contribution envelopes? Yes No

Last Name			
First Name(s)			
Mailing Name (i.e. Mr. &	Mrs. John Doe)		
Address:			
Street		Sity	Zip Code
Phone #		_	
E-mail			
CONTACT ME BY:	PHONE	EMAIL	
Do you have any special	request:		
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