



Please print this form and mail to

Mayslake Ministries
Program Coordinator
450 East 22nd Street, Suite 170
Lombard, IL 60148

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail: _____

I would like to register for the following program(s):

RETREAT Retreat date(s): _____

Name of retreat: _____

Cost of retreat: \$ _____ Deposit enclosed: \$ _____

SPIRITUAL DIRECTION (First time? call Dr. Mary Amore to schedule)

Date(s): _____ Preferred time: _____

Name of Spiritual Director: _____

Cost of program: \$ _____ Deposit enclosed: \$ _____

FAITH FORMATION PROGRAM Program Date(s): _____

Name of program: _____

Cost of program: \$ _____ Deposit enclosed: \$ _____

SPECIAL EVENT Event Date(s): _____

Name of event: _____

Cost of program: \$ _____ Deposit enclosed: \$ _____

DONATION (a more detailed donor form can be found within our online "Make a Gift" web pages)

Print your name (s) as you want it to appear in our publically distributed Annual Report

I prefer to remain anonymous Gift Amount \$ _____

PLEASE MAKE CHECKS OUT TO *MAYSLAKE MINISTRIES*.