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APPLICATION FOR CERTIFICATE OF APPRECIATION

DIRECTOR OR COORDINATOR (circle) NAME: _____

PASTOR: _____

PARISH: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE _____

PRINT OR TYPE NAMES of those who have given 10, 15, 20, 25 years of service to the Catechetical Ministry in the Archdiocese of New York. Please print or type each name as it is to appear on the certificate, and include Mr., Mrs., Ms., Sr., etc. before name.

Recipient 1 _____

Address _____ Apt. # _____

City _____ Zip _____

Circle number of years of service:

10 yrs. 15 yrs. 20 yrs 25 years 30 years

Recipient 2 _____

Address _____ Apt. # _____

City _____ Zip _____

Circle number of years of service:

10 yrs. 15 yrs. 20 yrs 25 years 30 years

Note: If applicable, we must have the apartment number for post office delivery.

Send to:

Sr. Nancy Elizabeth Doran, SSC
Catechetical Office
1011 First Avenue
New York, New York 10022

Deadline: June 1