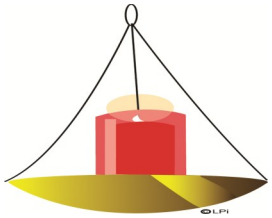
SANCTUARY LAMP REQUEST

2027



The Sanctuary Candle Burns for 2 weeks.

*FOR:*_____

*REQUESTED BY:*_____

*CONTACT:*_____

*DATE: (1ST CHOICE)*_____

*(2ND CHOICE)*_____

Stipend: $25.00

Make Checks Payable to

St. John the Evangelist Church

OFFICE USE ONLY

Date Received:_____ Time Received:_____

Amount Paid: $_____ Cash_____ Check #_____