

Stained Glass Window Selection Form
Episcopal Church of St. Peter and St. Paul

Name(s): _____

Address: _____

City and Zip: _____

Contact information: _____

I/we would like to schedule a meeting to discuss the following stained glass window(s) in more detail.

My/Our window selection is:

Window Position(s): _____

Window Number(s) or Letter(s): _____

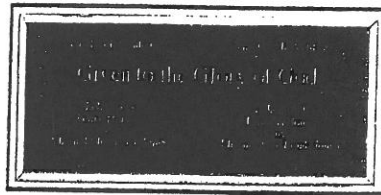
Window Name(s): _____

General Fund and Children's Joy Fund offering option:

I/we would like to donate the following amount to the General fund or Children's Joy offering to help go towards the purchase of a stained glass window: \$ _____

Plaque Form

Given to the Glory of God:



• In Honor of: _____

• In Memory of: _____

• In Thanksgiving for: _____

By: _____