



Pious Union of Saint Therese Enrollment Request

Person enrolled _____

Enrollment by _____

Address, City, State, Zip _____

Send Enrollment Card to: Name _____

Address _____

City, State, Zip _____

Donation enclosed \$ _____

Living

Deceased

*Please make checks payable to **Discalced Carmelite Province**
and send to the following: **Pious Union***

P.O. Box 3420

San Jose, CA 95156-3420