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Carmelite Sisters, 920 E. Alhambra Road, Alhambra, California 91801  
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## CHRISTMAS ENROLLMENT

### ENROLLMENT REQUESTED BY

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### ENROLLEE

Name of Enrollee: \_\_\_\_\_

Address to Send Enrollment Card to: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please send me (qty) \_\_\_\_\_ additional cards

Donation:       \$10     \$20     \$30     \$40     \$50     Other: \_\_\_\_\_

### Please make checks payable to:

Carmelite Sisters of the Most Sacred Heart of Los Angeles  
920 East Alhambra Road  
Alhambra, California 91801

Questions? Please contact us at (626) 289-1353, ext. 246 or [adminasst@carmelitesistersocd.com](mailto:adminasst@carmelitesistersocd.com)