



## South Carolina Council of Catholic Women 2024 Honors and Memorials Program Request Form

The Board of Directors of SCCCW has established an Honors and Memorial Program to give affiliates the opportunity to honor or remember someone in a special way. (*Honors* are for living persons, and *Memorials* are for deceased individuals.) Names of the persons submitted will be entered into a record book and acknowledged during the 2024 SCCCW Convention. A \$10 donation is requested *for each name submitted* for the Honors and Memorials Program booklet.

**Questions regarding the program?** Please contact Kimberly Jones-White (843) 364-7114 [Kyjones22@hotmail.com](mailto:Kyjones22@hotmail.com) or Lidia Sundberg (803-526-2547) [Lilitgg@hotmail.com](mailto:Lilitgg@hotmail.com).

*Please complete this form for each name submitted.* (Please make copies if submitting multiple names.) Please make checks payable to the "South Carolina Council of Catholic Women." **Please send completed form(s) and accompanying donation(s) by February 25, 2024 to:**

Susan O'Keefe, Treasurer, 24 Murray Hill Drive. Bluffton, SC 29909

**Question regarding payment?** Please contact Susan O'Keefe, (856-857-4166),

### **HONORS PROGRAM—Please type or print clearly!**

**I am submitting a \$10 donation to honor:**

**Name:** \_\_\_\_\_

**Reason for the Honor (Birthday, Anniversary, Service to Organization, etc.):**

\_\_\_\_\_  
**Requested by:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Please send acknowledgement card to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

### **MEMORIAL PROGRAM—Please type or print clearly!**

**I am submitting a \$10 donation in memory of:**

**Name:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Please send acknowledgement card to:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_