# **LEVELS OF GIVING**

### ANGEL \$50

YOUR NAME LISTED IN CONCERT PROGRAM

#### ARCHANGEL \$100+

YOUR NAME LISTED IN CONCERT PROGRAM MEMORIAL MASS OFFERED AT ST. RAPHAEL PARISH FOR A LOVED ONE

### CHERUBIM \$250+

YOUR NAME LISTED IN CONCERT PROGRAM MEMORIAL MASS OFFERED AT ST. RAPHAEL PARISH FOR A LOVED ONE TWO TICKETS TO THE CONCERT + VIP SEATING

### SERAPHIM \$500+

YOUR NAME LISTED IN CONCERT PROGRAM MEMORIAL MASS OFFERED AT ST. RAPHAEL PARISH FOR A LOVED ONE FOUR TICKETS TO THE CONCERT + VIP SEATING

## INDIVIDUAL BENEFACTOR FORM

YES, I WANT TO SUPPORT THE MUSIC MINISTRY!

TODAY'S DATE:	-
YOUR NAME:	
STREET:	
CITY:	STATE:
PHONE: ()	
EMAIL:	
	s? (please circle one) yes no
	SHIP: (PLEASE SELECT)
ANGEL \$50+	ARCHANGEL \$100+
CHERUBIM \$250+	SERAPHIM \$500+
MAKE CHECKS PAYABLE T	o: Saint Raphael Parish

501 NAUGATUCK AVENUE MILFORD, CT 06460