Women of St. Francis NCCW

# Order Form

**DATE:** _____

**Name:**_____
**Address:**_____
**City, State, Zip:**_____
**Phone No:**_____

Remit to : Women of St. Francis
**(Pay at time of Order)**
Date Paid: _____
Cash or Check or Charge

| QTY. | DESCRIPTION | | AMOUNT |
|---|---|---|---|
| | **(D)** Glass DECADE (10 Bead) ROSARY | **$13 ea.** | |
| | **(F)** Glass FULL ROSARY | **$28 ea.** | |
| | **(P)** PERSONALIZED FULL ROSARY | **$31 ea.** | |
| | Special Instructions: | | |
| | Name(s) | | |
| | Date | | |
| | **TOTAL** | | |

**Date Required by: _____**

**Circle ONE: Boy Girl Man Woman**

**<u>Colors</u>: (Birthstones Jan – Dec, 1 – 12)**

**___ Garnet (1)**
**___ Amethyst (2)**
**___ Aquamarine (3)**
**___ Crystal (4)**
**___ Emerald (5)**
**___ Pearl (6)**
**___ Ruby (7)**
**___ Peridot (8)**
**___ Sapphire (9)**
**___ Rose (10)**
**___ Topaz (11)**
**___ Turquoise (12)**

**___ Capri**
**___ Multi-Brown**
**___ Marble**
**___ Lt. Sapphire**
**___ Jasper**
**___ Jet Black**
**___ Metal**

**(Our Fathers are done in crystal unless otherwise noted except for Pearl, Marble, Multi, Metal, and Jasper)**

***** All Colors Subject to Change**
**<u>Please indicate a second color choice</u>**

Marla Johnston
214-794-5621
marlajane2@att.net