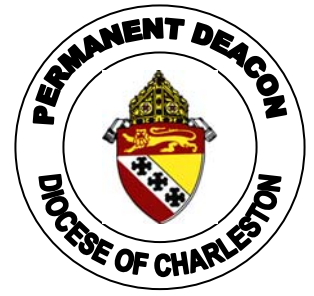


Diocese of Charleston

Permanent Diaconate Annual Retreat



Deacon: _____ Active Retired

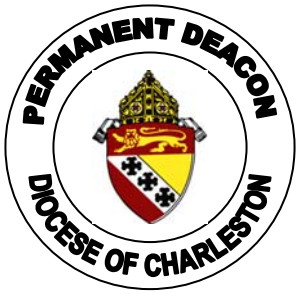
Parish: _____

Number Attending: _____ X \$150 per person = \$_____ Enclosed

Names to Appear on Name badges: _____

For Diaconate Office Use Only:

Date Received: _____ Amount: _____ Check Number: _____



Diocese of Charleston

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