

 *Servite Center of Compassion Registration Form*

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Event \_\_\_\_\_ Date \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_

Please make checks payable to Servants of Mary.

Return registration form and fee to: Servite Center of Compassion,  
7400 Military Avenue, Omaha, NE 68134

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