

Newsletter Information Sheet

Anniversary of: Names _____

Date: _____

Birthday of: Name(s) _____

Date: _____

If you know of someone who would like to receive a copy of the **Verga Visitor**, please place their name and address here:

Please enter the following name(s) and date(s) to the Memorial Page of the Membership Directory (to be distributed by Jan. 2006)

I would like to submit a Business Card Advertiser or Sponsor.

Name(s): _____

Submit by: (your name and phone #) _____

Please mail business card and check for \$25 to:
ATTENTION of Barb Schoch
c/o Verga United Methodist Church
P.O. Box 18
Westville, NJ 08093

Add comments, suggestions or articles to submit below.
