

The Most Reverend David R. Choby, D.D., J.C.L., Bishop of Nashville,



RESPECTFULLY INVITES YOU TO BECOME A MEMBER OF THE

BISHOP MILES SOCIETY

Also known as the Catholic Foundation of Tennessee, Inc.

Your membership will help provide support for Vital Diocesan Building Projects.

Please become a member today and join us for a guided tour of the oldest cathedral in Tennessee.

Following will be the Annual Dinner and Meeting of the Membership.

Thursday, April 21, 2016 6:30 in the evening

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St. Mary of the Seven Sorrows Church 330 5th Avenue North, Nashville, TN 37219

Please respond with your acceptance or regrets

By April 12, 2016

By returning the enclosed card or

To Sandra Jordan 615-783-0267 or

Sandra.Jordan@DioceseofNashville.com

To become a member, or for more information contact: Sandra Jordan at 615-783-0267 or email: Sandra. Jordan@dioceseofnashville.com

Or Fill in the following information and email, fax, or mail:

Bishop Miles Society(also known as the Catholic Foundation of Tennessee, Inc.)

Member Name:	
Member Phone:	
Member Address:	
Member Email: Please list me/us in the evening's program as:	
 I/We will attend the Annual Dinner and Meeting of Platinum Membership - \$1,500 and above Annually Gold Membership - \$1,000 annually per couple or Silver Membership - \$500 Annually per couple or Bronze Membership - \$250 Annually per couple or 	\$500 individually \$250 individually
I/We will be unable to attend, but our Membership	contribution is included.
My/Our contribution for 2016 to the Bishop Miles So	ociety has been made.
My/Our contribution is being made by: Check (payable to the Bishop Miles Society) Credit Card (please complete the reverse of this card) I/We respectfully decline the invitation.	
For other giving options please contact us.	
Credit Card Authorization Form Bishop Miles Society (also known as the Catholic Foundation of Tennessee, Inc.)	c.)
I/We wish to make a gift to the Bishop Miles Society as follo Select Card Type: ☐ Visa ☐ MasterCard ☐ American Exp	
Credit Card Number:	Expiration Date:
Name (as it appears on card):	
Billing Address:	
Circum Section 7	

Phone Number:	Hm () Wk ()
Payment processing instructions:	
One-time Contribution of \$ _ on	Process One-Time contribution (date)
	Process monthly day of each month.
•	
Total of authorized payment: \$	
	norizing the Diocese of Nashville to charge your credit card for your contribution to own as the Catholic Foundation of Tennessee, Inc.) as indicated above.
Authorized Signature:	
Thank you for your support of the Bish	hop Miles Society (also known as the Catholic Foundation of Tennessee, Inc).

Mail to:

Bishop Miles Society Catholic Pastoral Center 2800 McGavock Pike Nashville, TN 37214 Attention: Sandra Jordan

Or

Fax: 615-783-0774, Attention: Sandra Jordan

Or

Email: Sandra.Jordan@DioceseofNashville.com