



Msgr. James T. Weber Assembly Knights of Columbus Fourth Degree

CHALICE DESIGNATION FORM

Upon my death, I would like my Chalice to be given to: (Must be a Priest, Church, Mission or Diocese. May not be a family member unless he is a Priest)

Recipient's Information:

Address Line 1

Address Line 2

City

State

ZIP

Phone #

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Your Information

Name

Date:

Signature