



MARINE COPRS LEAGUE NOTICE FOR DETACHMENT CHAPLIN

Please complete this form and hand to the Detachment Chaplin/Assistant Chaplin. Be certian that all information is accurate.

If sick - Get Well Card

Thinking of you - Greeting Card

If deceased - Sympathy Card

Send care to the person below:

Name: _____

Address: _____

City _____ State _____ Zip _____

Reason for card: _____

This card is requested by:

Name: _____

Address: _____

City _____ State _____ Zip _____

Thank you for your concern. A card will be signed by all members present.

You may contact Chaplin Ken Hauser with the information by contacting the detachment.

<https://www.mchenrycountymcl.com/contact>