

ORDER FORM | 2024 DIOCESE OF WILMINGTON DIRECTORY

Please send me _____ copies of The 2024 Catholic Directory of the Diocese of Wilmington @ \$35 each.

___ Check enclosed in the amount of : \$ _____ (\$35 per copy x number of copies)

___ Charge my ___ Visa ___ Mastercard

Number: _____ Exp. Date: _____ CVV _____

Signature: _____ Billing Zip Code: _____

**Print this form
and mail to:**

**Directory
Orders**

The Dialog
P.O. Box 2030
Wilmington, DE
19899-2030

*If paying by check, please
remember to enclose payment.*

Name: _____

Address: _____

Address: _____

City: _____

State: _____ Zip: _____