

**MASS INTENTION**

DATE OF MASS: \_\_\_\_\_ TIME OF MASS: \_\_\_\_\_

FOR (NAME): \_\_\_\_\_

REPOSE OF THE SOUL  BIRTHDAY  THANKSGIVING  HEALING  \_\_\_\_\_

FROM: \_\_\_\_\_ (FOR TAX PURPOSES)

ADDRESS: \_\_\_\_\_  
CITY ST ZIP CODE

AMOUNT: \_\_\_\_\_ ENVELOPE # \_\_\_\_\_ REC'D BY \_\_\_\_\_ ON \_\_\_\_\_

PHONE REQUEST RECEIVED ON \_\_\_\_\_ BY \_\_\_\_\_  
DONATION WILL BE GIVEN BY  COME TO OFFICE  PUT IN SUNDAY COLLECTION  MAIL

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