

2027 Mass Intention Form

Donation for Mass Intention - \$10

MASS TIMES AVAILABLE FOR INTENTIONS

Monday through Saturday 8:30 AM Saturday Evening Anticipated Mass 5:00 PM

Sunday Masses 9:00 AM 10:30 AM 12 Noon Upper Church Only

--PLEASE PRINT CLEARLY--

YOUR NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
HOME PHONE _____ CELL PHONE _____
FAMILY EMAIL _____

| OFFICE USE ONLY | |
|-----------------|-------|
| TOTAL MASSES | _____ |
| DONATION | _____ |
| DATE | _____ |
| CHECK | _____ |
| CASH | _____ |

1. PROPOSED DATE _____ PROPOSED MASS TIME _____
MASS INTENTION--STATE FULL NAME-- _____
INDICATE IF THE MASS INTENTION IS FOR THE LIVING _____ or DECEASED _____

2. PROPOSED DATE _____ PROPOSED MASS TIME _____
MASS INTENTION--STATE FULL NAME-- _____
INDICATE IF THE MASS INTENTION IS FOR THE LIVING _____ or DECEASED _____

3. PROPOSED DATE _____ PROPOSED MASS TIME _____
MASS INTENTION--STATE FULL NAME-- _____
INDICATE IF THE MASS INTENTION IS FOR THE LIVING _____ or DECEASED _____

2027 SANCTUARY CANDLE

A separate check of \$25 is required for THE SANCTUARY CANDLE

PROPOSED WEEK OF _____
INTENTION _____

2027 ALTAR FLOWERS (We do not offer flowers during Lent)

A separate check of \$50 is required for THE ALTAR FLOWERS

PROPOSED WEEK OF _____
INTENTION _____

2027 BREAD and WINE INTENTION

A separate check is required for Bread & Wine Donations

BREAD & WINE
\$80 donation

BREAD ONLY
\$40 donation

WINE ONLY
\$40 donation

PROPOSED WEEK OF _____
INTENTION _____

| OFFICE USE ONLY | |
|-----------------|-------|
| DONATION | _____ |
| DATE | _____ |
| CHECK | _____ |
| CASH | _____ |

INDICATE IF THE INTENTION IS FOR THE LIVING _____ or DECEASED _____