

SMA Masses 20_____

(To be completed in the Parish Office)

No.	Intention	Requested By:	Preferred Date	Actual Date	Time	Donation
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
	Total					\$

Name _____.

Address: _____ City _____ State _____ Phone No _____.

Email _____ Amount received: \$ _____ Date: _____ / _____ /20 _____.

Please note that preferred date may not be available. If it is not, we will schedule the Mass for your intention as close as possible to that day. A copy of this form will be returned to you indicating the actual date that the Mass will be celebrated. Donation: Weekday \$10.00, Weekend \$15.00