

**REQUEST FOR A MASS
OFFERED BY A MISSION PRIEST**

**CENTER FOR MISSION
Society for the Propagation of the Faith**

DONOR INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ email _____

MASS STIPEND INFORMATION

WHOM are masses offered for: **NUMBER** of masses: **INTENTIONS** (ex. Recovery from surgery,
in memory of someone, help through divorce):

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A mass acknowledgment card can be mailed to those the intentions are for if you would like.
Please include mailing information as well.

Mass offering is \$7.00 per mass
Total offering enclosed: \$ _____

Make check payable to: **Center for Mission**
Mail to: Center for Mission
777 Forest Street
St. Paul, MN 55106

