

Request for a Mass Offered by a Mission Priest

Through the Society for the Propagation of Faith/Center for Mission

Donor Information:

Name: _____

Address _____

City _____ State _____ Zipcode _____

Phone Number _____

Mass Information **if person is deceased:**

(\$7.00/mass)

Person Mass is For

of masses

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mass Information **if person is living:**

(\$7.00/mass)

Person Mass is For and the Intentions for the Mass

of masses

_____	_____
_____	_____
_____	_____
_____	_____

If you would like a card of acknowledgment sent to someone in regard to your request, please include the name and address information on an additional piece of paper.

Make check payable to:

Center for Mission

777 Forest St.

St. Paul, MN 55106-3857



CENTER for MISSION

Society for the Propagation of the Faith / St. Paul and Minneapolis

Total Included: \$ _____