

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:
Person Mass is For

(\$10.00/mass)
of masses

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Mass Information if person is living:
Person Mass is For and the Intentions for the Mass

(\$10.00/mass)
of masses

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Make check payable to:
 Center for Mission
 777 Forest St.
 St. Paul, MN 55106-3857

Total Included: \$ _____



CENTER for MISSION

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