

MASS INTENTION REQUEST FORM

MASS INTENTION: _____

Living Deceased Other: _____

Total # of Intentions: _____ **DATE(S) REQUESTED**:** _____

Location: Holy Family Church Saint Joseph Mission Other: _____

Time of Mass Desired: _____

Donor Name: _____

Donor Address: _____

Donor Telephone: _____ Donor Email: _____

****Requested date(s) will be honored when possible if not already booked. If the requested date is not possible, the closest date possible to the requested date(s) will be booked.**

INSTRUCTIONS:

- 1) Complete all requested fields.
- 2) Print completed form.
- 3) Mail the completed form and your Mass stipend donation to Holy Family Church, ATTN: Mass Intentions, 2011 Briar Lane, Wharton, TX 77488-4470.
- 4) Note: The suggested Mass stipend donation is \$5.00 per Mass intention. Regardless of the location of the Mass, checks should be made payable to Holy Family Church.

FOR OFFICE USE ONLY

Total Amount of Donation Received: _____ Date: _____

Cash Check No: _____