

ONE REQUEST PER ENVELOPE PLEASE)

Date: _____

Name of (Deceased/Living): _____

Intention _____

Requested By: _____ Phone #: _____

(Please check) ___ Announced Mass (\$15.00) ___ Unannounced Mass (\$10.00)

Payment Enclosed: Cash \$ _____ or Cheque \$ _____ (cheque payable to St. Ignatius Parish)

Preferred Day: _____ for Announced Mass (if available):

Sat (4:30 p.m.) _____ Sun. (10:00 a.m.) _____

Mon. (8:30 a.m.) _____ Tues. (8:30 a.m.) _____ Wed.(8:30 a.m.) _____

Thurs. (8:30 a.m.) _____ Fri. (8:30 a.m.) _____ Sat.(8:30 a.m.) _____

Please put the request form with the donation in an envelope, into the collection basket. Thank you.