

MASS REQUEST INTENTION FORM

ONE REQUEST PER ENVELOPE PLEASE)

Date: _____

Name of (Deceased/Living): _____

Intention _____

Requested by: _____

Phone #: _____

Email: _____

(Please check)

____ Announced Mass (\$15.00)

____ Unannounced Mass (\$10.00)

Payment Enclosed:

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

Preferred Date: _____ for Announced Mass (if available)

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

Mon. (9:00 a.m.) _____ Tues. (9:00 a.m.) _____ Wed.(9:00 a.m.) _____

Thurs. (9:00 a.m.) _____ Fri. (9:00 a.m.) _____

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