

St. Alphonsus Mass Intentions

PLEASE PRINT LEGIBLY

(To be completed in the Parish Office)

NO.	Intention	Requested By:	Preferred Date	Actual Date	Time	Donation
1.						
2.						
3.						
4.						
5.						
6.						

Name _____

Address _____

Cell _____ Email _____ Amount Received: _____ Date: _____

Please note that preferred date may not be available. If it is not, we will schedule the Mass for your intention as close as possible to that day. A copy of this form will be returned to you indicating the actual date that the Mass will be celebrated. Donation: \$15.00 for each Mass intention.