

Church of the Holy Spirit
2017 Mass Intention Request Form
PLEASE PRINT CLEARLY.

PARISH OFFICE USE: Offering Received Amount: _____ CASH CK Recorded by: _____ Last name initial of individual requesting: _____ _____
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Parish Mass Intention Request Policy: No more than 4 weekday intentions per household and no more than 2 Saturday/Sunday intentions per household. This will ensure that as many people as possible will be able to schedule Mass Intentions for their loved ones. Thank you.

Name of person for whom Mass is requested:

SATURDAY/SUNDAY #1 Intention for: _____ living/deceased
Day: _____ Date: _____ Time: _____ Alternative **SAT./SUN.**, day, date & time: _____

SATURDAY/SUNDAY #2 Intention for: _____ living/deceased
Day: _____ Date: _____ Time: _____ Alternative **SAT./SUN.**, day, date & time: _____

WEEKDAY #1 Intention for: _____ living/deceased
Day: _____ Date: _____ Time: _____ Alternative **WEEKDAY**, day, date & time: _____

WEEKDAY #2 Intention for: _____ living/deceased
Day: _____ Date: _____ Time: _____ Alternative **WEEKDAY**, day, date & time: _____

WEEKDAY #3 Intention for: _____ living/deceased
Day: _____ Date: _____ Time: _____ Alternative **WEEKDAY**, day, date & time: _____

WEEKDAY #4 Intention for: _____ living/deceased
Day: _____ Date: _____ Time: _____ Alternative **WEEKDAY**, day, date & time: _____

Please return completed form along with Mass offering(s) to parish office.
\$10 offering per Mass/cash/check/money order to:
Church of the Holy Spirit, 1800 E. Libra Drive, Tempe, AZ 85283

Name: _____

Address: _____

Phone: _____ E-mail: _____