



Holy Name Catholic Church

Mass Intention Request

OFFICE USE ONLY:
RECEIVED: _____
ENTERED: _____
BY: _____

TODAY'S DATE: _____

YOUR NAME: _____

PHONE #: _____

MASS TIMES ARE:

TUESDAY - FRIDAY: 8:00 AM

SATURDAY: 5:00 PM

SUNDAY: 9:00 AM, 11:00 AM & (1:00 PM SPANISH)

Donation Per Intention: \$10.00

MASS IN INTENTION FOR:	DATE:	MASS TIME:
<i>IF PERSON IS DECEASED, PLEASE PUT A CROSS (+) BEFORE THE NAME</i>		
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NOTES:

OFFICE USE ONLY

AMOUNT: \$ _____ CHECK #: _____ CC _____ RECEIPT# _____ INITIALS: _____