

REQUEST FOR A MASS OFFERED BY
A MISSION PRIEST

Through the Society for the
Propagation of the Faith

DONOR INFORMATION:

Name _____

Address _____

City _____ State _____ Zipcode _____

Phone number _____

**WHOM MASS(ES) TO BE OFFERED FOR and
NUMBER OF MASSES REQUESTED**

(Please note if the mass is for someone who is living or deceased)

Mass Offering is \$7.00 each

**PLEASE SEND MASS CARD(S) TO: (please use separate sheet
of paper if needed)**

Total offering enclosed \$ _____

Make check payable to: Center for Mission
Mail with this form to: 328 W. Kellogg Blvd.
St. Paul, MN 55102