

# MASS INTENTION REQUEST FORM JULY - DECEMBER 2020

Each parish household may schedule five (5) Mass Intentions, 3 weekend and 2 weekday, via this intention request form. The Mass intention stipend is **\$5 per Mass** —checks made payable to STM Church. STM Church will accept requests for Mass Intentions on a first-come, first-served basis in the order in which the Mass Intention Request Form is received in the church office. We will do our best to fulfill your Mass Intention request as submitted. If we cannot schedule the date you choose, we will schedule the intention as close to the requested date and time as possible, and will notify you of the date via email or phone. \* **Mass Schedule: Saturday: 4:30pm; Sunday: 8 am, 10am, 5pm; Tuesday: 6pm; Thursday: 8:45 am**

TODAY'S DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

1. Mass Intention For: \_\_\_\_\_ Deceased ( ) Living ( )

Date Offered: \_\_\_\_\_ Mass Time: \_\_\_\_\_

Card Required: Y / N Send to: \_\_\_\_\_

2. Mass Intention For: \_\_\_\_\_ Deceased ( ) Living ( )

Date Offered: \_\_\_\_\_ Mass Time: \_\_\_\_\_

Card Required: Y / N Send to: \_\_\_\_\_

3. Mass Intention For: \_\_\_\_\_ Deceased ( ) Living ( )

Date Offered: \_\_\_\_\_ Mass Time: \_\_\_\_\_

Card Required: Y / N Send to: \_\_\_\_\_

4. Mass Intention For: \_\_\_\_\_ Deceased ( ) Living ( )

Date Offered: \_\_\_\_\_ Mass Time: \_\_\_\_\_

Card Required: Y / N Send to: \_\_\_\_\_

5. Mass Intention For: \_\_\_\_\_ Deceased ( ) Living ( )

Date Offered: \_\_\_\_\_ Mass Time: \_\_\_\_\_

Card Required: Y / N Send to: \_\_\_\_\_

# SANCTUARY LIGHT REQUEST JULY THRU DECEMBER 2020

The sanctuary lights in the church and Adoration Chapel may be burned in memory of your loved for one week. When requesting your week, please choose Sunday's date. The sanctuary light stipend is \$20 for each week offered.

Today's Date: \_\_\_\_\_ ( ) Church Sanctuary Light ( ) Chapel Sanctuary Light

In memory of: \_\_\_\_\_

Requested by:

Name \_\_\_\_\_

Phone: \_\_\_\_\_

Date(s) Offered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card/Letter: Y  N  \_\_\_\_\_  
*(Name and Address)*

## Sanctuary Flowers Donation Form

Today 's Date: \_\_\_\_\_

Altar Flowers (under the Cross in Sanctuary - \$125)

Ambo Flowers (in front of the Lecturn - \$75)

**Please note that altar flower  
donations are not accepted  
during Advent and Lent.**

Flowers for: \_\_\_\_\_

Deceased (in memory of)  Living (in honor of)

Requested dates: 1st Choice: \_\_\_\_\_

2nd Choice: \_\_\_\_\_

3rd Choice: \_\_\_\_\_

Requested by: \_\_\_\_\_

Phone: \_\_\_\_\_

Paid by: Cash  Check  Amount: \_\_\_\_\_

Card / Letter: Y  / N

Send to: \_\_\_\_\_

\_\_\_\_\_