

# SMA Masses 20\_\_\_\_\_

(To be completed in the Parish Office)

No.	Intention	Requested By:	Preferred Date	Actual Date	Time	Donation
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<i>Total</i>						\$

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No \_\_\_\_\_

Email \_\_\_\_\_ Amount received: \$ \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_\_

**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: Weekdays and Saturdays \$10.00, Sundays \$15.00.