

SAINT VINCENT DE PAUL PARISH – 2024 MASS BOOK MEMORIAL REQUEST

Name of Requester _____

Date Received _____

SANCTUARY LAMP - \$20 OFFERING **In Church** **In Chapel**

1st Choice of Week: _____

2nd Choice of Week: _____

3rd Choice of Week: _____

BREAD & WINE - \$20 OFFERING

1st Choice of Week: _____

2nd Choice of Week: _____

3rd Choice of Week: _____

SUNDAY MASS INTENTION - \$10 OFFERING (2 MAXIMUM)

Intention: _____ **Deceased** **Living**

1st & 2nd Choice of Day/Time: _____

Intention: _____ **Deceased** **Living**

1st & 2nd Choice of Day/Time: _____

DAILY MASS INTENTION - \$10 OFFERING (5 MAXIMUM)

Intention: _____ **Deceased** **Living**

1st & 2nd Choice of Day/Time: _____

Intention: _____ **Deceased** **Living**

1st & 2nd Choice of Day/Time: _____

Intention: _____ **Deceased** **Living**

1st & 2nd Choice of Day/Time: _____

Intention: _____ **Deceased** **Living**

1st & 2nd Choice of Day/Time: _____

Intention: _____ **Deceased** **Living**

1st & 2nd Choice of Day/Time: _____