



St. Frances Xavier Cabrini

MASS REQUEST

Have your special intentions and loved ones remembered at Masses celebrated monthly with the Cabrini High School Community.

Mail To:
Cabrini High School
Office of Institutional Advancement
1400 Moss St
New Orleans, LA 70119

*If you have questions, please call
504-483-8690 or 504-483-8672*

of Mass(es) requested: _____ Offering: \$5 \$10 \$20 \$_____ other

Deceased/Living/Special Intention: _____

Make checks payable to Cabrini High School.

My name is: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ Alumna (year) _____ Parent _____ Grandparent _____ Friend _____ Other

An acknowledgement Mass card in your name with the date that Mass will be celebrated will be sent to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

I wish to have a candle lit in the chapel for my intentions

Check here _____ offering \$1

***Through the Intercession of
St. Frances Xavier Cabrini
May the Sacred Heart Bless and Protect You***

<i>Office use only</i>
Mass offered on:
Date: _____

<i>Office use only.</i>
Method of payment:
Check _____ Check # _____
Cash _____
Credit Card _____
Amount: _____