

DIVINE REDEEMER PARISH (Saint James Church)

2021 MASS INTENTION REQUEST FORM

MASS REQUEST (\$10.00 stipend per request)

CANDLES, COMMUNION HOST, ALTAR WINE OR ALTAR FLOWER REQUEST (see reverse side)

PLEASE PRINT: All information must be provided.

Only One Weekend Mass and One Weekday Mass permitted.

WEEKDAY Mass Schedule

Monday - Friday / 6:45am and 9:00am OR Saturday 9:00am

WEEKEND Mass Schedule

Saturday (Vigil) - 4:30pm / Sundays 8:00am and 11:00am

WEEKDAY Mass Intention: (Monday - Friday or Saturday morning)

Intention: _____ Deceased? Yes No

Requested By: _____

Preferred Date: _____ Alternative Date: _____ Time: _____

WEEKEND Mass Intention:

Saturday (Vigil) - 4:30pm or Sundays 8:00am and 11:00am

Intention: _____ Deceased? Yes No

Requested By: _____

Preferred Date: _____ Alternative Date: _____ Time: _____

Your Name: _____

Email Address: _____

Phone: _____

OFFICE USE ONLY:

Date Received: _____

Time Received: _____

Received by: _____

\$ _____

Check #: _____

Cash: _____

- Checks should be made payable to Divine Redeemer Parish
- Please include stipend with request form and send to Divine Redeemer Parish, 200 Walnut Street, Sewickley, PA 15143

CIRCLE CHOICE OF ONE:

Candles: Sanctuary, Marian, St. Joseph or St. Teresa

(\$10.00 donation per request - Candles will burn for one week)

Communion Hosts, Communion Wine

(\$10.00 donation per request - Request is for one week)

Altar Flowers

(\$50.00 donation per request - Request is for one week)

Please write separate checks for each different donation: Masses, Candles, Hosts, Wine, Flowers.
Please make checks payable to Divine Redeemer Parish.

PLEASE PRINT. All information must be provided.

In Memory of: _____

In Honor of: _____

Offered by: _____

Preferred Date: _____

Alternative Date: _____

PLEASE PRINT. All information must be provided.

In Memory of: _____

In Honor of: _____

Offered by: _____

Preferred Date: _____

Alternative Date: _____