

Good Shepherd Parish Mass Intention Requests

Envelope # _____

Date Received: _____

NAME: _____

PH: _____

Registered: Y/N

MASS REQUESTS (Suggested Donation \$10)

Day	Date	Time	Mass For	Requested By	No.	Card

Sanctuary Candle Requests (Suggested Donation \$15)

Week of:	Candle For	Requested by

Altar Flower Requests (Suggested Donation \$40 or \$80)

Week of:	Flowers For	Requested by

Blessed Mother Flower Requests (Suggested Donation \$20)

Week of:	Flowers For	Requested by

Bread & Wine (Suggested Donation \$20)

Week of:	Bread & Wine For	Requested by

9/1/20 (updated)

Masses: \$ _____ Candles: \$ _____ Altar Flowers: \$ _____ BVM Flowers: \$ _____ Bread & Wine: \$ _____

Purgatorial Mass Request: \$ _____ ***TOTAL AMOUNT DUE:*** _____ Received by _____

(Office use only)

Amount paid:	Cash/Ck No.	Amount owed:	Date Posted to P/S:	Posted by:
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