

IHM MASS INTENTIONS FORM

Mass Name	Date	Mass Time
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Note:		
Person Requesting Mass: _____		
Date: _____		
Address: _____		
Telephone #: _____		
# of Masses Requested: _____ X \$5.00 per Mass = _____		
Amount enclosed.		
Office Use Only		
Date Received: _____ Amount Received: _____ Check #: _____		
Check: _____ Cash: _____		