

OUR LADY OF THE HOLY ROSARY, LOWELLVILLE ~ INTENTION REQUEST FORM

EACH INTENTION IS A \$10.00 OFFERING AND MUST BE REMITTED WITH THIS FORM

\* IF THE DATE REQUESTED IS NOT AVAILABLE THE CLOSED DATE WILL BE GIVEN

MEMORIAL LAMP INTENTION FOR:

GIVEN BY

DATE REQUESTED

1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MASS INTENTION FOR:

GIVEN BY

DATE REQUESTED

1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BREAD & WINE INTENTION FOR:

GIVEN BY

DATE REQUESTED

1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

BULLETIN SPONSOR INTENTION FOR:

GIVEN BY

DATE REQUESTED

1 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact person name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Date paid: \_\_\_\_\_

Cash \_\_\_\_\_ or Check # \_\_\_\_\_

Special note or request:

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