

Please PRINT Legibly

Mass Intentions

Saint Hedwig Parish

No.	Intention	Requested by:	Date	Time	Donation
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	TOTAL				\$

Address: _____

Phone: _____

Amount enclosed: _____

City: _____

St: _____

Zip: _____

Date: ____ / ____ /2011

Please note that the requested date may not be available. In that case, we will schedule the Mass for your intention as close as possible to that day. The Parish Secretary will call you to inform you about the actual date that the Mass will be celebrated. Donation: \$10.00 per Mass. You may either mail this form back to us, drop it off during Sunday Masses or bring it to the Parish Office. Thank you.