

Holy Mass Intention Request Form

Name of Person Requesting the Mass



Phone Number

Email (optional)

Name(s) of Person(s) to be Remembered

Preferred Date(s) for the Mass (if any)

☐ Specific Date _____

☐ First available date is fine

Preferred Mass Time (if any)

☐ Saturday Vigil

☐ Sunday

☐ Weekday

☐ No preference

Offered by (name to appear in the bulletin, if desired) ☐ Please list as "Anonymous"

Offering Enclosed \$ _____

Method of Payment – To be submitted with this request form

☐ Cash ☐ Cheque

NOTE: For e-transfer offerings, please complete the online form.

Additional Notes (optional)

Please return this form with the offering to: 1) the offertory basket or in person during office hours (cash or cheque), or 2) by mail or to the *Mass Intentions mailbox* in the vestry foyer (cheque only).

Thank you for allowing us to join you in prayer through the celebration of the Mass.

*St. Luke's Parish Downeyville
340 St. Luke's Road, Lindsay, ON K9V 4R4*