

**Please PRINT Legibly**

# Mass Intentions

## Saint Hedwig Parish

Please indicate:  
 H&B: Health & Blessing  
 †: Deceased

No.	H&B or †	Intention	Requested by:	Date	Time	Donation
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>TOTAL</b>						<b>\$</b>

Cash ----- Check ----- Check# ----- Receipt#: -----

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Amount enclosed: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ / / \_\_\_\_\_  
 Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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.