ARCHDIOCESE OF PHILADELPHIA

PONTIFICAL MISSION SOCIETIES

MASS INTENTION REQUEST FORM

Masses offered by a Priest in one of 1,111 Mission Dioceses

☐ **Living** ☐ **Deceased** **This Mass is being offered for the following person*[s]*:**

_____

If deceased, please include date of death, if known ____/____/_____

Mass being given by :_____

For the intention of: _____

SUGGESTED MASS OFFERINGS:

Mass	☐ **$5.00** ☐ **$10.00**	for each person or intention
Annual Enrollments	☐ **$15.00 Individual**	15,000 Masses, Good Works & Sacrifices for One Year
[$5 LESS W/O MEMORIAL CARD]	☐ **$20.00 Individual**	15,000 Masses, Good Works & Sacrifices for Ten Years
	☐ **$30.00 Family**	15,000 Masses, Good Works & Sacrifices for Ten Years
Perpetual Enrollment	☐ **$50.00 Individual**	15,000 Masses, Good Works & Sacrifices Annually Forever
	☐ **$100.00 Family**	15,000 Masses, Good Works & Sacrifices Annually Forever
World of Masses	☐ **$25.00**	Masses celebrated on each continent by a Missionary priest *[5 total]*
Novena of Masses	☐ **$90.00**	Nine days of consecutive Masses for a person/intention *[living/ deceased]*
Gregorian Masses	☐ **$300.00**	Thirty days of consecutive Masses for a person who has died

Choose your Memorial Print for Annual Enrollments [see designs on our website under Mass Offerings]:

Please send the Mass Card indicated above to the person at the following address:

First Name: _____

Last Name: _____

Address: _____

_____

City: _____

ST: _____

Zip: _____

☐ Enclosed is my Check/Money Order in the amount of $_____

Please consider adding $5.95 *to your donation to cover shipping & handling, so that we can increase our support of Missionaries worldwide.*

☐ Please charge my offering of $_____ as follows *[print]:*

_____

Name on Card—please print on line above

_____

Card Number

_____/_____ _____

Expiration Date [Month/Year] CCV *[Card Security Code] 3- 4-Digit*

_____

Signature

_____

Address

_____

City State Zip +4

Daytime Phone Number: (____) _____-_____*only used if questions.*

☐ Please send additional Mass Cards *[free]* to my address ☐ Variety Pak ☐ Deceased ☐ Any Intention ☐ Healing

Mail this form with offering to:

PONTIFICAL MISSION SOCIETIES, 222 North Seventeenth St, Philadelphia, PA 19103

Checks payable to SPOF or *Society for the Propagation of the Faith*

***Questions? Go to www.phillymissions.org or* contact us at *pofaith@archphila.org/*215-587-3944**

Effective as of April 1, 2018