

Intention Request Form

PLEASE PRINT CLEARLY

Your Name _____ Date _____

Complete Address _____

Phone Number (____) _____ Email _____ @ _____ . _____

Total Stipend Enclosed (required to enter intention; checks payable to St. Christopher) \$ _____

Mass Schedule: Saturday- 4:30 PM. Sunday- 7:30 AM, 9:00 AM and 11:00 AM
Monday, Wednesday & Friday- 6:45 AM Tuesday and Thursday 8:00 AM

Mass Intentions (Stipend \$15.00 Each)

	Mass Day and Date (list 2 choices)	Mass Time	Name(s) of loved one(s) for whom Mass is to be offered. Please print clearly , and note if living (L) or deceased (D)	Card Needed
1.	1. _____ ----- 2.	-----	L ____ D ____	Y N
2.	1. _____ ----- 2.	-----	L ____ D ____	Y N
3.	1. _____ ----- 2.	-----	L ____ D ____	Y N
4.	1. _____ ----- 2.	-----	L ____ D ____	Y N

Sanctuary Candles (\$10.00 Stipend Each)

(1-Sacred Heart, 2-St. Christopher, 3-Sanctuary, 4-St. Joseph, or 5-Mary)

	Date and Candle Preference (Week starts on Sunday)	Name(s) of loved one(s) for whom Sanctuary Candles are to be offered. Please print clearly , and note if living (L) or deceased (D)	Card Needed
1.		L ____ D ____	Y N
2.		L ____ D ____	Y N
3.		L ____ D ____	Y N

Bread & Wine (\$20.00 Stipend Each)

	Date (Week starts on Sunday)	Name(s) of loved one(s) for whom Bread, and Wine are to be offered. Please print clearly , and note if living (L) or deceased (D)	Card Needed
1.		L ____ D ____	Y N
2.		L ____ D ____	Y N
3.		L ____ D ____	Y N

Please return completed form with **total stipends** to:
St. Christopher Roman Catholic Church 2660 Niagara Falls Blvd. Tonawanda, New York 14150