



Request For

A MASS OFFERED BY A MISSION PRIEST

Through The Society For The Propagation Of The Faith

Mass is to be offered for: _____

Living Deceased

Please send the Mass card to:

Name _____

Address _____

City _____ State _____ Zip _____

Your information:

Name _____

Address _____

City _____ State _____ Zip _____

Masses requested: _____ x \$ _____

(total number x suggested offering = \$5 each Mass)

OR

I have enclosed an offering of \$300.00 for **Gregorian Masses** *(please see related fact sheet)*.

Total offering enclosed \$ _____ *(make check payable to The Society for the Propagation of the Faith)*

Please charge my credit card

Name as it appears on card _____ Expiration Date _____

Card Number _____ CV Code _____

**Pease mail this form with your offering to the national office of the Pontifical Mission Societies
70 West 36th Street, 8th Floor, New York, New York 10018.**

Questions: customerservice@propfait.org



Request For

ANNUAL OR PERPETUAL ENROLLMENT

In The Society For The Propagation Of The Faith

ANNUAL AND PERPETUAL ENROLLMENT IN THE SOCIETY FOR THE PROPAGATION OF THE FAITH

The person or family enrolled receives the spiritual benefits of Masses said daily by mission priests; they are also included in the intentions of a special daily Mass celebrated at the Vatican. Suggested offerings are as follows:

- | | |
|---------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> \$50 Individual Perpetual Membership | <input type="checkbox"/> \$10 Individual Annual Membership |
| <input type="checkbox"/> \$100 Family Perpetual Membership | <input type="checkbox"/> \$20 Family Annual Membership |

Please Enroll: _____

Living Deceased

Please send enrollment card to:

Name _____

Address _____

City _____ State _____ Zip _____

Your information:

Name _____

Address _____

City _____ State _____ Zip _____

Total offering enclosed \$ _____ (*make check payable to The Society for the Propagation of the Faith*)

Please charge my credit card

Name as it appears on card _____ Expiration Date _____

Card Number _____ CV Code _____

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