



Please fill out the information if you would like to have Mass offered for special or personal intention and send request to:

The Society for the Propagation of Faith
2219 Kennedy Road, Toronto, Ontario, M1T 3G5
Fax: 416-699-9019 or Email: mission@missionsocieties.ca

REQUESTOR INFORMATION (please print)		
First Name:		Last Name:
Address:		Apt. No.:
City:	Province:	Postal Code:

SINGLE MASS – Stipend (\$10)
Mass Intention:

NOVENA MASSES – Stipend (3 or 9 days x \$10)
Mass Intention:

GREGORIAN MASSES – Stipend (\$300)
For the repose of the soul of:
Date of Death:

PLEASE SEND MASS CARD TO (please print)		<input type="checkbox"/> No	<input type="checkbox"/> Yes, to:	<input type="checkbox"/> Requestor	<input type="checkbox"/> Contact Below
First Name:		Last Name:			
Address:				Apt. No.:	
City:		Province:			
Postal Code:		Country:			