

MASS INTENTION REQUEST

St. Lucy Parish

	Mass Intention for (Name)	Reason for Mass Intention	Mass Intention Date Desired (at least 2 weeks in advance)	Requested Donation Amount (\$10 per intention)
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$
			Total	\$

Please make checks payable to "St. Lucy Parish."

Please mail request and payment to:

St. Lucy Parish
2350 Winchester Blvd
Campbell, CA 95008

Confirmation of the Mass Intention information listed above will be sent after receipt.

Today's Date: _____

Your Name: _____

Daytime Phone #: _____

Email: _____

Address: _____

Note: If you would like to request a Mass Intention within the next 2 weeks, please bring this completed request to the parish office during regular business hours.