



ST. TERESA OF AVILA
CATHOLIC STUDENT CENTER

Mass Intention Request Form

Requested By: NAME _____
PHONE _____
E-MAIL ADDRESS _____

Mass(es) Intended For:

- (1) **Intention:** NAME _____
- (2) **Intention:** NAME _____
- (3) **Intention:** NAME _____
- (4) **Intention:** NAME _____

Requested/Scheduled Mass Date(s): (Mass requests will be granted as close to the requested date and time as possible. If it is not possible to comply with the primary request, the next closest date and time will be scheduled.)

Register Line

- (1) **Intention:** Date Requested _____ Date Scheduled _____
- (2) **Intention:** Date Requested _____ Date Scheduled _____
- (3) **Intention:** Date Requested _____ Date Scheduled _____
- (4) **Intention:** Date Requested _____ Date Scheduled _____

Total of Masses _____ x \$10 = _____ check # _____ or cash

Date Received: _____ **Staff Initials** _____

Drop completed form, with your payment payable to St. Teresa of Avila, in the collection basket, by the office or mail to: St. Teresa of Avila, 1511 Laporte Avenue, Valparaiso, IN 46385

The following Mass Intentions have been scheduled for you:

- NAME _____ Date(s) _____
- NAME _____ Dates(s) _____
- NAME _____ Date(s) _____
- NAME _____ Date(s) _____