

Date: _____



St. Frances Xavier Cabrini

MASS REQUEST

Have your special intentions and loved ones remembered at Masses celebrated monthly with the Cabrini High School Community.

Mail To:

Cabrini High School

Attn: Peggy Rizzo

1400 Moss St.

New Orleans, LA 70119

*If you have questions, please call
504-483-8677*

_____ Please offer _____ **Mass(es)** – offering: \$5 \$10 \$20 \$_____ other

_____ I would like a **Perpetual Mass Enrollment** – offering: \$25 \$_____ other

Name of person Mass(es) offered for: _____

Please Circle/Check: Deceased Living Special Intention

_____ Alumna (year) _____ Parent _____ Grandparent _____ Faculty/Staff _____ Other

An acknowledgment Mass card in your name with the date that Mass will be celebrated will be sent to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Make checks payable to Cabrini High School.

Mass(es) requested by:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

_____ Alumna (year) _____ Parent _____ Grandparent _____ Faculty/Staff _____ Other

I wish to have a candle lit in the chapel for my intentions

Check here _____ offering \$1

<i>Office use only</i>
Mass offered on:
Date: _____

*Through the Intercession of
St. Frances Xavier Cabrini
May the Sacred Heart Bless and Protect You*

<i>Office use only</i>
Method of payment:
Check _____ Check # _____
Cash _____
Credit Card _____
Amount: _____