

*St. Ann of the Dunes
Mass Request*

My requested Mass Intention is for: _____

Date Requested: _____

Memorial
 Anniversary of Death
 Special Intention

Good Health / Recovery
 Wedding Anniversary
 Other

Name of Donor: _____

Address: _____

Please provide all of the information requested. Please keep in mind that your choice of a date will be honoured on a first come first served basis only if no other intention has been previously scheduled for that date. If so, the next available Saturday or Sunday will be assigned.

Once completed, please put into an envelope and either drop it into the collection basket or return it to the parish office with your requested stipend of \$10 per mass payable to St. Ann of the Dunes. Thank you!