



Dear Father,

Please enroll those indicated below and send me additional booklets:

Name \_\_\_\_\_  Living  Deceased  
Name \_\_\_\_\_  Living  Deceased  
Name \_\_\_\_\_  Living  Deceased

( please print plainly )

Enclosed is my offering of:  \$5  \$10  \$15  \$ \_\_\_\_\_ (other)

Please send Prayers for Faith and Healing Enrollment Cards SH7 \_\_\_\_\_ SH8 \_\_\_\_\_

Please send \_\_\_\_\_ Perpetual Mass Rem. Enrollment Card S8-2

Please send \_\_\_\_\_ Deceased Enrollment Cards SD-2 \_\_\_\_\_ SD-3 \_\_\_\_\_

My name is \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Please send this form to the address below. Thank you.

Make check payable to Franciscan Mission Associates. Please be sure to complete all information.  
Franciscan Mission Associates • 274-280 West Lincoln Avenue • P.O. Box 598 • Mount Vernon, NY 10551-0598