CEDAR RAPIDS CENTRAL PASTORATE MASS INTENTION REQUEST FORM

Date request received: _____ *By Staff/Volunteer:* _____

Mass Intention Name(s) and Dates for Each: _____

_____

_____

Preferred Church IC SM SP SW/Mass time_____ No church preference_____

Requested By: _____ **Phone Number**: _____

Email: _____

Mailing Address: _____

Followup Requested (Y/N): *Phone* _____ *Email* _____ *Letter* _____ *Text* _____

Check # or Cash: _____ *Suggested Stipend Amount:(**$10.00 min)***_____

//

Deposit Completed: _____ *By:*_____

*Notes:*_____

_____

_____

Date(s) Given: _____

_____

_____

Followup Completed: on _____ *By: Phone - Email - Letter - Text*

Payment **must** be made before Mass can be scheduled. Please attach payment to this form.

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Mass Stipend Receipt

Date Received_____ By Staff/Volunteer _____

Amount received _____ Received at IC SM SP SW Church