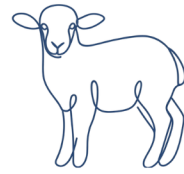




The Parish of



# ST. CATHERINE OF SIENA AND ST. AGNES

## 2026 Mass Intentions Request Form

**Please print clearly:**

Name (of the requestor): \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Check the Home Page of our website at [www.stc-sta.org](http://www.stc-sta.org) for current Mass days and times.

**Ways to request Mass Intentions:** Please drop off completed forms in the white mail crate at The O'Malley Center, 13 Riverside Avenue. The Suggested Donation is \$15.00 per date requested.

Please make check payable to: **The Parish of St. Catherine of Siena and St. Agnes.**

### WEEKEND Masses

1. This **Weekend Mass** is for \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Alternative Date: \_\_\_\_\_ Time: \_\_\_\_\_

2. This **Weekend Mass** is for \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Alternative Date: \_\_\_\_\_ Time: \_\_\_\_\_

### WEEKDAY Masses

1. This **Weekday Mass** is for \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Alternative Date: \_\_\_\_\_ Time: \_\_\_\_\_

2. This **Weekday Mass** is for \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Alternative Date: \_\_\_\_\_ Time: \_\_\_\_\_

3. This **Weekday Mass** is for \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Alternative Date: \_\_\_\_\_ Time: \_\_\_\_\_