



# Saint Anthony Mission League

Dear Father,

Please enroll those indicated below and send me additional booklets:

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

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

Name \_\_\_\_\_  Living  Deceased  
(please print clearly)

Enclosed is my offering of \$\_\_\_\_\_

Please send \_\_\_\_\_ Prayers for Faith and Healing Enrollment Cards SH-17 \_\_\_\_\_

Please send \_\_\_\_\_ Prayers for Faith and Healing Enrollment Cards SH-18 \_\_\_\_\_

Please send \_\_\_\_\_ Perpetual Mass Rem. Enrollment Cards S8-6 \_\_\_\_\_

Please send \_\_\_\_\_ Deceased Enrollment Cards SD-12 \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please send this form and your offering to the address on the right. 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