



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 _____ Prayers for Faith and Healing Enrollment Cards SH-19 _____

Please send _____ Perpetual Mass Rem. Enrollment Cards S8-6 _____

Please send _____ Deceased Enrollment Cards SD-13 _____

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