



# 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-20 \_\_\_\_\_

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

☐ Please send \_\_\_\_\_ Deceased Enrollment Cards SD-14 \_\_\_\_\_

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**  
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