

**Please use form below to list the name or initials of the person you would like Divine Liturgy offered for.
 You may also list the intention, such as illness, deceased, or their relationship to you, mother, son etc.**

Divine Liturgy to be offered for	Intention (Optional)	Number of Liturgies	Stipend	Total Donation
			X \$20.00	
			X \$20.00	
			X \$20.00	
			X \$20.00	
			X \$20.00	
			X \$20.00	
			X \$20.00	
			X \$20.00	
			X \$20.00	
			X \$20.00	
			X \$20.00	

Total Enclosed: _____ Check # _____

**Make checks payable to “Eparchy of Passaic”. The full amount will be sent to a priest in Europe.
 Mail this sheet and your check to Eparchy of Passaic, 445 Lackawanna Ave, Woodland Park, NJ 07424.
 You will receive the same form in the mail soon, but you may use this one if you don’t want to wait.
 NB Stipends are not tax deductible, but you will receive a “Thank You” acknowledgement.**

Your Name: _____ Parish: _____

Address: _____ City _____ State: _____ Zip _____

Phone: _____ Email: _____