

Mass Intentions and Votive Light Offerings



Request for Mass Intention

Requestor: _____

Phone number: _____

Your intention: _____

Requested mass date: _____

Requests are honored in the order that they are received. If there is a concern with your date request, we will contact you with options. Thank you.

Mass intention stipend is \$10 per date set by diocesan guidelines.

Request for Votive Candle Intention

Requestor: _____

Phone number: _____

Your intention: _____

Candle intention stipend is \$5 per candle set by diocesan guidelines.

Froedtert Health complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, age, disability, sex, religion, political beliefs, sexual orientation or filing of a prior civil rights complaint. **Attention:** If you speak another language, assistance services, free of charge, are available to you. Call: **414-805-3000 (TTY: 1-800-947-3529) Español (Spanish): ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al: **414-805-3000 (TTY: 1-800-947-3529) Hmoob (Hmong):** LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau: **414-805-3000 (TTY: 1-800-947-3529)**

Place this form and the stipend in an envelope labeled **Froedtert Holy Family Memorial Hospital Chapel Mass and Candle Intention.**

Make checks payable to **Froedtert Holy Family Memorial Hospital Mission and Pastoral Care.**

Thank you and blessings from Froedtert Holy Family Memorial Hospital.

hfmhealth.org

