

Prayer Intentions

(Check the ones that apply)

- | | |
|--|--|
| <input type="checkbox"/> Conversion to the Faith | <input type="checkbox"/> Return to Sacraments |
| <input type="checkbox"/> Departed | <input type="checkbox"/> Special Intentions |
| <input type="checkbox"/> Happy Marriage | <input type="checkbox"/> Vocations |
| <input type="checkbox"/> Health | <input type="checkbox"/> Work and Salary |
| <input type="checkbox"/> In Thanksgiving | <input type="checkbox"/> Return of Children to the Faith |

Those you wish prayed for:

- Votive Lights (9 days) \$5.00 Votive Lights (30 days) \$10.00

My Total Donation: \$ _____

By: Check (made out to Shrine of St. Jude)

By: Visa Mastercard Discover

Card #: _____

Exp.: ____ / ____ CVV Code (on back of card): _____
MONTH YEAR

Signature: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

E-Mail: _____

Please send me _____ additional Petition Forms
 tear here and place in envelope poi

The Apostolate of St. Jude

Those granted Annual or Perpetual enrollment are remembered daily in the Prayers and Masses of the Dominican Order, and they receive a beautiful certificate as a keepsake of their membership.

St. Jude Oil

A Sacramental of the Church

This is the "pure oil of olives" mentioned in the Church's Book of Blessings. It is blessed with the relic of St. Jude and gives comfort to those seeking health of both mind and body.

Apostolate Enrollment Requests

- | | |
|---|---|
| <input type="checkbox"/> Annual \$10.00 | <input type="checkbox"/> Individual Perpetual \$20.00 |
| | <input type="checkbox"/> Family Perpetual \$40.00 |

Person/Family enrolled: _____

Given by: _____

To be sent to: _____

Address: _____

City, State, Zip: _____

Blessed Oil

(#) ____ @ \$5.00 each

To be sent to me ____ (please check)

To be sent to name and address above ____ (please check)

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Mass Requests

Mass Offered for: Living or Deceased

Requested by: _____
Please Print

Offering: \$10 \$20 \$25 \$50 or over \$ _____

Send Mass Card to: _____

Name: _____
Please Print

Address: _____

City, State, Zip: _____

Mass Offered for: Living or Deceased

Requested by: _____
Please Print

Offering: \$10 \$20 \$25 \$50 or over \$ _____

Send Mass Card to: _____

Name: _____
Please Print

Address: _____

City, State, Zip: _____

Mass Offered for: Living or Deceased

Requested by: _____
Please Print

Offering: \$10 \$20 \$25 \$50 or over \$ _____

Send Mass Card to: _____

Name: _____
Please Print

Address: _____

City, State, Zip: _____