



St. Joseph Church

5050 Saint Josephs Rd., Coopersburg, PA 18036-8920 | Phone: (610) 965-2877 Fax: (610) 965-8317

Email: rectory@stjoescoopersburg.org | www.stjoescoopersburg.org

Mass Offering Request

PLEASE PRINT CLEARLY.

Please check occasion:

Faithful Departed Thanksgiving Special Intention

For: _____

Date Request: _____ No date requested

Please include Mass time if date is a Saturday or Sunday. We will do our best to honor all date requests, however we cannot guarantee any requested date.

Optional Date 1: _____ Optional Date 2: _____

Requested by: _____

Telephone: _____ Email: _____

Please include this information in case we have questions and/or need to contact you.

Stipend enclosed: _____

Mass offering: \$10

Payment may be cash or checks made payable to St. Joseph Church.

Please do not combine payments of Mass offerings and Sanctuary Candle offerings - these accounts are kept separate in our bookkeeping.

This form may be mailed to the Rectory:

5050 St. Joseph's Rd., Coopersburg PA 18036

OR placed in the collection basket at any Mass.

FOR OFFICE USE:

Date Rcvd. _____

Check # _____