

Panduan mengisi borang
Intensi Misa/Sumbangan
daripada Umat

No



CHURCH OF THE HOLY FAMILY KAJANG

11, Jalan Gereja, Bandar Kajang, 43000 Kajang, Selangor.
Tel: 03-8733 1154 | Fax: +603 87330471 | Email: hfckajang@gmail.com

Mass Intention / Donation Envelope

(Please drop this envelope with your offering / donation into the Mass Intention Box)

Mass for: **JOSEPH S/O ISSAC**

☐ Thanksgiving ☐ Souls ☐ Special Intention:

Date:

Weekdays (E) 7.00 a.m

☐

Saturday (E) 7.00a.m

☐

Saturday (E) 6.00p.m

☐

Sunday (T) 7.00a.m

☐

Sunday (M) 11.00a.m

☐

Sunday (B) 1.00p.m

☐

Requested by: Phone:

(Please retain the top white copy for your reference)

Sila nyatakan nama yang ditujukan untuk
instensi/niat dengan jelas dan betul



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Mass for: **JOSEPH S/O ISSAC**

☐ Thanksgiving ☐ Souls ☒ Special Intention: **BIRTHDAY**

Date:

Weekdays (E) 7.00 a.m



Saturday (E) 7.00a.m



Saturday (E) 6.00p.m



Sunday (T) 7.00a.m



Sunday (M) 11.00a.m



Sunday (B) 1.00p.m



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Tandakan bulatan yang sesuai sama ada untuk
Kesyukuran atau Roh atau Intensi Khas



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Mass for: **JOSEPH S/O ISSAC**

☐ Thanksgiving ☐ Souls ☒ Special Intention: **BIRTHDAY**

Date: **13.01.2019**

Weekdays (E) 7.00 a.m.	☐	Saturday (E) 7.00a.m.	☐	Sunday (T) 7.00a.m.	☐
		Saturday (E) 6.00p.m.	☐	Sunday (M) 11.00a.m.	☐
				Sunday (B) 1.00p.m.	☐

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Tarikh untuk menghantar intensi seharusnya seminggu lebih awal

-  Hari Ini
-  Tarikh yang tidak boleh bagi intensi untuk Missa
-  Tarikh yang boleh bagi intensi untuk Missa

2019 JANUARY						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Contoh: Tarikh cetakan untuk senarai Intensi Misa pada 12/01/2019 hingga 19/01/2019
 Oleh itu, tarikh untuk persembahan misa adalah pada 20/01/2019 ke atas



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Date: **20.01.2019**

Weekdays (E) 7.00 a.m. ☐ Saturday (E) 7.00a.m. ☐ Sunday (T) 7.00a.m. ☐
Saturday (E) 6.00p.m. ☐ Sunday (M) 11.00a.m. ☐
Sunday (B) 1.00p.m. ☒

Requested by: Phone:

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Tandakan untuk masa misa yang bersesuaian.



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Saturday (E) 6.00p.m. ☐

Sunday (T) 7.00a.m. ☐

Sunday (M) 11.00a.m. ☐

Sunday (B) 1.00p.m. ☒

Requested by: **MARY** Phone: **012-345 6789**

(Please retain the top white copy for your reference)

Tuliskan nama, nombor telefon dan jumlah bayaran dengan jelas.



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Sunday (M) 11.00a.m. ☐

Sunday (B) 1.00p.m. ☒

Requested by: **MARY** Phone: **012-345 6789**

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Simpan resit untuk rujukan anda.



CHURCH OF THE HOLY FAMILY, KAJANG

BOOKING OF MASSES					
NO.	DATE	SOULS (RIP) NAME(S)	THANKSGIVING NAME(S)	SPECIAL INT NAME(S)	AMT
1	22.01.2019	ABRAHAM			10
2	23.01.2019	MOSES			10
3	24.01.2019		NOAH		10

OFFERED BY JOHN
(NAME IN BLOCK LETTERS)

TEL: 012-345 6789

TOTAL CASH RECEIVED - RM _____

DATE: 12.01.2019

Jika anda mempunyai lebih dari 1 atau 2 nama untuk dipersembahkan di dalam misa, sila lengkapkan borang yang berkaitan dengan mengikuti langkah-langkah di atas (rujuk sampel).



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☐ Thanksgiving
 ☐ Souls
 ☒ Special Intention: **BIRTHDAY**

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Saturday (E) 6.00p.m. ☐

Sunday (T) 7.00a.m. ☒

Sunday (M) 11.00a.m. ☐

Sunday (B) 1.00p.m. ☐

Requested by: **MARY** Phone: **012-3456789**

(Please retain the top white copy for your reference)

TOTAL CASH RECEIVED – RM _____

DATE: **12.01.2019** _____

SPECIAL INT NAME(S)	AMT
	10
	10
	10

012-345 6789

If you have more than 1 or 2 names to offer mass, kindly fill in the form available following the steps above (refer sample).

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Mass for: **JOSEPH S/O ISSAC**

☐ Thanksgiving ☐ Souls ☒ Special Intention: **BIRTHDAY**

Date: **13.01.2019**

Weekdays (B) 7.00 a.m. ☐ Sunday (B) 7.00a.m. ☒
 Saturday (B) 7.00a.m. ☐ Sunday (M) 11.00a.m. ☒
 Saturday (B) 6.00p.m. ☐ Sunday (B) 1.00p.m. ☒

Requested by: **MARY** Phone: **012-3456789**

(Please retain the top white copy for your reference)

NAME IN BLOCK LETTERS: _____

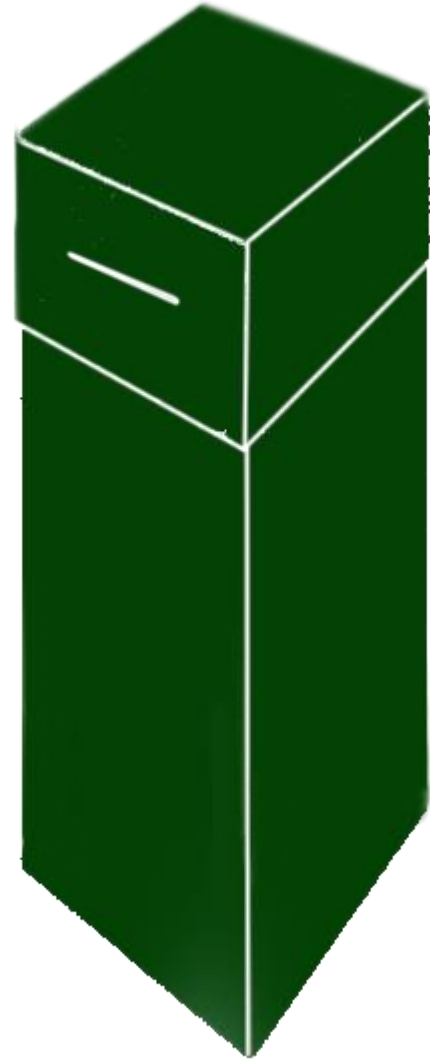
TOTAL CASH RECEIVED - RM _____

DATE: **12.01.2019**

SPECIAL INT NAME(S)	AMT
	10
	10
	10



Masukkan bayaran dengan betul ke dalam sampul surat.



Lekatkan dan masukkan ke dalam Kotak berwarna HIJAU yang diletakkan di Pintu Masuk Gereja.