

Guidelines to fill in New
Mass Intention/Donation
by Parishoners

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)

Kindly state the name offered for intention
clearly and correctly



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Mass Intention / Donation Envelope

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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

☐

Requested by: Phone:

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**Tick the appropriate circle which is Thanksgiving
or Souls or Special Intention**

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

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

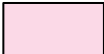


Date: **20.01.2019**

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:

(Please retain the top white copy for your reference)

Date/s offered for should be 1 week ahead Example

-  Today Date
-  Cannot offer mass On These Days
-  Can offer Mass On These Days

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

Dates offered for should be 1 week ahead Example:
 Dates printed on the Mass Intention list would be 12/12 to 19/12/2019. Therefore, dates to offer mass would be from 20/01/2019 onwards.



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

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

Date: **20.01.2019**

Weekdays (E) 7.00 a.m	<input type="radio"/>	Saturday (E) 7.00a.m	<input checked="" type="radio"/>	Sunday (T) 7.00a.m	<input type="radio"/>
		Saturday (E) 6.00p.m	<input type="radio"/>	Sunday (M) 11.00a.m	<input type="radio"/>
				Sunday (B) 1.00p.m	<input type="radio"/>

Requested by: Phone:

(Please retain the top white copy for your reference)

Tick the time of mass accordingly.

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

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

Date: **20.01.2019**

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

(Please retain the top white copy for your reference)

Write down your name, phone number and amount clearly.



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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: **BIRTHDAY**

Date: **20.01.2019**

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

(Please retain the top white copy for your reference)

Retain the 1st copy of the receipt for your reference.



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

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 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: **BIRTHDAY**

Date: **13.01.2019**

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: **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 (T) 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)

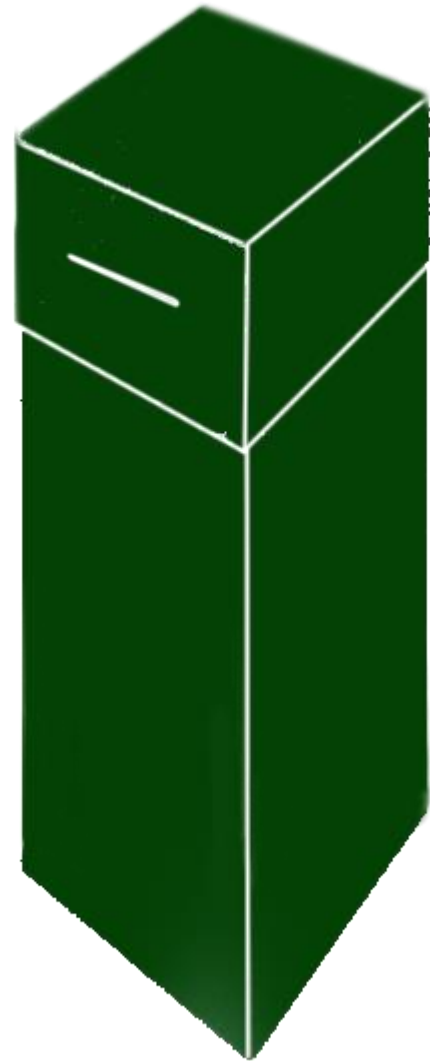
NG: **012-345 6789**

(NAME IN BLOCK LETTERS)

TOTAL CASH RECEIVED - RM _____ DATE: **12.01.2019**



Insert the amount correctly in the envelope.



Seal it and drop it into the GREEN Box at the Entrance of the Church.