



Print, complete and mail this request form to:

Missionaries of the Sacred Hearts
P.O. Box 189
Linwood, NJ 08221

Dear Father,

Please enroll _____

Please print

___ Healing Enrollment (one year) \$5.00

___ Annual Enrollment (Living or Deceased one year) \$5.00

___ Perpetual Mass Enrollment (Living or Deceased)
Individual \$10.00
Family \$25.00

My name _____

My address _____

City _____ State _____ Zip _____

My phone _____

Enclosed is my offering of \$ _____

Please charge \$ _____ on my _____ Visa _____ MC _____ Discover

Card# _____ Exp. _____ Sec _____

Signature _____

The requested enrollment will be completed and sent to you. Thank you for your kind offering which helps support our apostolates.