MASS INTENTIONS

Name:		Month:	Year:
Date	Intention	Donor	Stipend
1			•
2			
3			
4			
5			
6 7			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26 27			
27			
28			
29			
30 31			
31			
Total			

EXTRA STIPENDS RECEIVED

Date	Event or Occasion (eg. Marriage, funeral, anniversary, etc.)	Stipend
Total		