MASS INTENTIONS

Name:	Month:	Year:
Name:	Month:	Year

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Date	Intention	Donor	Stipend
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20 21 22			
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23 24			
24			
25			
26			
25 26 27 27			
27			
29 30 31 Total			
30			
31			
Total			

EXTRA STIPENDS RECEIVED

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

Signature of Pastor