

ASK YOUR MOTHER IN HEAVEN FOR HER INTERCESSION OF YOUR PRAYER REQUESTS
"Her request can never be refused, but She obtains whatever she wills."

— St. Bernard

To participate, please fill out the form below. Write down your prayer petitions, thanksgiving, and/or names of loved ones. All submissions must be one-sided, unstapled, unfolded, and untaped as they will need to be scanned. Return your petitions and tax-deductible gift to the parish office via collection basket, mail, or in person using the enclosed envelope. Your tax-deductible donations will be utilized by the parish to maintain the Shrine.

www.olop-shrine.org | www.ourladysway.org | www.ageofmaryconference.org

SUBMISSION DEADLINE: FRIDAY, SEPTEMBER 6TH, 2019

*Please fill out this form (or attach an 8.5" x 11" sheet of paper)
and include your offering in the enclosed envelope to Our Lady of Peace Church.*

MY PETITIONS:

To support the maintenance and services of the shrine, we welcome your one-time sacrificial gift to Mary of:
 \$350 \$175 \$80 \$40 Other: _____
DONATIONS: Please fill out the form on the reverse side so your information is recorded for tax purposes.

You and your loved ones are cordially invited to join us for the Annual Placing of Prayer Petitions into the Heart of Mary outside at the Shrine on:

Sunday, September 8th
after the 12pm Sunday Mass
Birthday cake reception to follow

www.olop-shrine.org | www.ourladyway.org | www.ageofmaryconference.org



Please fill out your name and address information in the form below for your donation to be recorded for tax purposes.

Name: _____
Address: _____
City, State, Zip: _____
Phone# _____ Email: _____

We appreciate Our Lady of Peace Shrine and wish to pledge our support with our enclosed offering of: \$350 \$175 \$80 \$40 Other: _____

Cash enclosed

Check enclosed (*payable to: Our Lady of Peace Shrine*): Check # _____

Credit Card Gift

The issuer of the card indicated below is authorized to pay the amount shown upon proper presentation. I promise to pay such TOTAL subject to and in accordance with the agreement governing the use of such card.

Credit Card: (Circle One) Discover Master Card Visa

Card # _____ - _____ - _____ - _____

Exp. Date _____ / _____

Signature _____

Today's Date _____

Billing Address (if different from above):

Please write your petitions on the other of this page.