



Print, complete and mail this request form to:

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

Dear Father,

Please enroll \_\_\_\_\_  
Please print

\_\_\_Healing Enrollment (One year) \$10.00

\_\_\_Annual Enrollment (Living or Deceased one year) \$10.00

\_\_\_Perpetual Mass Enrollment (Living or Deceased)  
Individual \$10.00  
Family \$25.00

My name \_\_\_\_\_

My address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.