

**Intentions Form**  
*(Please complete, print, and return by mail.)*  
**YES, I would like to join the Salvatorians  
in proclaiming our Savior's Good News!**

Mr.      Mrs.      Miss      Ms.

Name

Address

City

State

Zip

Phone Number *(required for credit card gifts)*

E-mail Address

**Here are my intentions for a remembrance in your Salvatorian monthly Novena of Masses  
and in all your daily Masses and prayers:**

And here is my gift of \$ \_\_\_\_\_ to the Salvatorians to help you in your many ministries.

I've enclosed my check.

Please bill my credit/debit card.

**Visa      MasterCard      Discover      American Express**

Card Number

Expiration Date *(month and year)*

Signature *(required)* \_\_\_\_\_

***Please mail this form and your gift to:***

**Society of the Divine Savior  
1303 Milwaukee Drive  
Salvatorian Center, Wisconsin 53062**

***May our Savior forever bless you for your goodness!***