

I would like to be a member of *Opus Mariae*. I will pray the Rosary once a month for the intentions of *Opus Mariae* and I love the Latin Tridentine Liturgy and support efforts to promote its dignified celebration.

**Your Financial Support makes the Work of *Opus Mariae Mediatrix* possible**

Any contributions you can spare at this critical time would be most appreciated. You may use the enclosed envelope for contributions. Be assured of our gratitude for your past support, and our prayers. As always, we ask you to remember *Opus Mariae* in your daily prayers and good works. And please don't forget *Opus Mariae* in your will. Our legal name for the purpose is *Opus Mariae Mediatrix, Inc.* Please note that *Opus Mariae* has received IRS approval as a 501(c)(3) corporation for tax purposes and therefore all contributions are tax-deductible to the full extent allowed.

**Enclosed is my donation of**

\$1,000  \$500  \$250  \$150  \$100  \$50  \$25 Other \_\_\_\_\_

Enclosed is my regular monthly pledge of \$ \_\_\_\_\_

I wish to offer a monthly pledge of \$ \_\_\_\_\_. I understand that if I am unable to complete this pledge, I shall be under no further obligation.

I would like to help defray costs and labor by receiving only one thank you letter at the end of the year.

My employer has a matching gift program. I have enclosed/sent to my employer the forms required to match this gift.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_ Diocese \_\_\_\_\_

Amount enclosed, or to be charged to my credit card: \$ \_\_\_\_\_

MasterCard  Visa  American Express

CC0800

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**ITE AD JOSEPH!**

Please list the following prayer intentions in *Cor ad Cor*: \_\_\_\_\_

Please pray for the following intention(s): \_\_\_\_\_

***Prayer Intensions for the Triduum to St. Maximillian Kolbe (Aug. 10-13) and the Perpetual Novena in honor of St. Jude Thaddeus every Wednesday***

My Intentions are:  good health  employment

return to faith  vocation in life  marriage stability

other \_\_\_\_\_

If you know of anyone who you think would like to receive Cor Ad Cor simply provide their name and address in the space below.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone # \_\_\_\_\_ e-mail \_\_\_\_\_ Diocese \_\_\_\_\_