

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

Your Financial Support makes the Work of *Opus Mariae Mediatrixis* 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 Mediatrixis* in your daily prayers and good works. And please don't forget *Opus Mariae Mediatrixis* in your will. Our legal name for the purpose is *Opus Mariae Mediatrixis, Inc.* Please note that *Opus Mariae Mediatrixis* 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 \$100 \$50 \$25 \$10 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.

**Please make checks payable to: Opus Mariae Mediatrixis
P.O. Box 7879 - Dallas, TX 75209**

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 **CC1100**

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 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 _____