



## My Intentions

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_

After completion of the form below, use one of these methods to ensure our receipt of your order:

- Fax to 1(718) 854-6058 and call
- 1 (800)404-1943 to confirm.
- Mail to:
- **CONFRATERNITY OF THE PRECIOUS BLOOD 5 300 FORT HAMILTON PARKWAY B BROOKLYN, NY 11219**

Dear Sisters Adorers,

I wish to join my prayers to those of the Sisters Adorers during this novena. Below is the list of my petitions. (Additional petitions may be added on an extra page.)

## My Petitions

☐ I will accept my cancelled check as my receipt.

Enclosed is my gift of:

\$15 \$10 \$20 \$\_\_\_\_\_