

# HOLY SPIRIT ADORATION SISTERS

MOUNT GRACE CONVENT—1438 E. Warne Ave. St. Louis, MO 63107

MAILING ADDRESS.: PO BOX 21627, ST. LOUIS, MO 63109

FAX: (314)381-6756

Cards may also be requested by phone (314)381-5686

Monday - Friday between 9:00am and 4:00pm.

## SPiritual Union of Perpetual Adoration

All those enrolled in our Spiritual Union of Perpetual Adoration share in nine Holy Masses offered each month, in addition to the prayers and good works of all our Sisters.

### PERPETUAL ENROLLMENT:

(groups cannot be enrolled)

(names of those perpetually enrolled are written in gold calligraphy)

Individual or Husband & Wife	<b>\$15.00</b> or <b>\$20.00</b>
Family	<b>\$25.00</b>

### TEMPORARY ENROLLMENTS:

(groups cannot be enrolled)

One Year	<b>\$4.00</b>	Three Years	<b>\$7.00</b>
Family	<b>\$6.00</b>	Family	<b>\$10.00</b>

**NOVENA CARDS** (9 days of prayer) **\$3.00**

(for Individual / Husband & Wife / Family / Group)

### SPECIAL OCCASIONS:

- Get Well
- Birthday—Date \_\_\_\_\_
- Wedding Day / or Anniversary—Date \_\_\_\_\_
- Jubilee of Profession or Ordination—Date \_\_\_\_\_
- Death (recent)
- In Appreciation
- Special Intention
- Thinking of You
- Other \_\_\_\_\_

*To order: please circle here the type of card desired, and fill out the information on the other side.*

For more than one enrollment, please use an additional sheet of paper and include all the information requested.

## HOLY SPIRIT ADORATION SISTERS: MOUNT GRACE CONVENT CARD ORDER FORM

IF THIS CARD HAS ALREADY BEEN REQUESTED BY PHONE, PLEASE CHECK HERE

PLEASE TYPE OR PRINT

PLEASE ENROLL:

Living

Deceased

Send gift card to:

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

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

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

Sign card from:

\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**THE POST OFFICE REGULATIONS CONCERNING THE SIZE OF MAIL  
HAVE GREATLY INCREASED OUR MAILING EXPENSES.**

**WE APPRECIATE YOUR OFFERING FOR POSTAGE!**

METHOD OF PAYMENT:

Check or Money Order (payable to Mount Grace Convent)

Visa

MasterCard

Account Number: | | | | | | | | | | | | | | | | | | | | | |

Expiration Date: | | | | | | | | | | | | | | | | | | | | | |  
month | year

TOTAL OFFERING: \$ \_\_\_\_\_