

# MASS PROJECT SIGNUP



Please complete this form ASAP and return it to:

20/20 Project c/o LIFENET • 171 Clifton Ave., Newark, NJ 07104 • Attn: Mass Project  
or email [info@BabiesintheWombFeelPain.com](mailto:info@BabiesintheWombFeelPain.com)

Yes! The Masses below will be offered at my church for the **“Protection of Babies in the Womb and their Families”**  
(We are hoping you can have one Mass offered per month. Sunday Mass would be best, but any Mass is fantastic!)

Church Name: \_\_\_\_\_ Town: \_\_\_\_\_

Date & Time of Masses:

1) Date: _____	Time: _____	AM/PM	7) Date: _____	Time: _____	AM/PM
2) Date: _____	Time: _____	AM/PM	8) Date: _____	Time: _____	AM/PM
3) Date: _____	Time: _____	AM/PM	9) Date: _____	Time: _____	AM/PM
4) Date: _____	Time: _____	AM/PM	10) Date: _____	Time: _____	AM/PM
5) Date: _____	Time: _____	AM/PM	11) Date: _____	Time: _____	AM/PM
6) Date: _____	Time: _____	AM/PM	12) Date: _____	Time: _____	AM/PM

Name: \_\_\_\_\_  
Title / First / Last

Organization: \_\_\_\_\_  
Org. Name / Town / Position in Organization

Address: \_\_\_\_\_  
No. / Street / Apt.

Town / State/ Zip: \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

***“This is the best \$10 per month you ever spent.”*** ~ Fr. John Gordon, Archdiocese of Newark Evangelization Office Director

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