



CROSIER
FATHERS AND BROTHERS
National Shrine of St. Odilia
P.O. Box 500
Onamia, MN 56359-0500
www.crosier.org

A Prayer offering to St. Odilia through the Crosiers:

I have enclosed a special gift in the following amount to assist the
Crosier Fathers and Brothers with their church ministries:
 \$25 \$15 \$10 Other
\$ _____

I would like you to charge my credit card: MasterCard Visa Amount \$ _____

Account No. _____ Exp. Date _____

Signature: _____

Please send me _____ more
St. Odilia Healing Cards.

Dear Crosier Fathers and Brothers: Please remember the following special intentions in your
Masses and your Prayers at the National Shrine of St. Odilia:

Dearest St. Odilia: Please petition our Lord's blessing for
relief from these afflictions.

- | | |
|--|---|
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Macular Degeneration |
| <input type="checkbox"/> Poor Eyesight | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Eye Surgery | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Other Surgery | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Serious Illness |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Arthritis | |

I present this petition for Spouse Relative Friend

Name: _____
(Optional)

