

St. Vincent's Hospital Westchester

Mass Cards

The celebration of the Mass takes place daily in the Chapel of Our Lady. We offer Mass cards in memory of a deceased friend or loved-one or in honor of someone special. Their names will be placed in our Memorial Ledger on the altar, where they will be remembered daily at Mass.

The cards depict familiar and much loved scenes in our chapel or on the hospital campus. The face of each card is inscribed with the following quote of Saint Elizabeth Ann Seton, founder of the Sisters of Charity – “Our whole family, Sisters and all, make your cause their own.”

These special cards may be purchased at the St. Vincent's Development Office located in the Vincent House or online at www.stvincentswestchester.org. You may also order by mail, using the reverse side of this flyer.

A suggested donation for one card is \$10, or \$25 for three cards, one of each design.

Inside inscription for each card:

*St. Vincent's Hospital Westchester
has received a donation*

In memory of

*Who will be remembered each time the
Holy Sacrifice of the Mass is offered at
St. Vincent's throughout the coming year.*

With the sympathy of

*This meaningful gift will help us provide
mental health and chemical dependency
services to all in need.*

Rev. _____

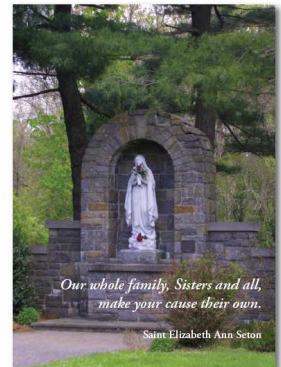
For more information please call 914-925-5400.



*Our whole family, Sisters and all,
make your cause their own.*

Saint Elizabeth Ann Seton

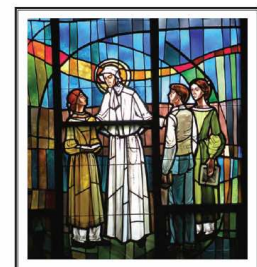
*The stained glass window of Madonna
and Child adorns the Chapel of
Our Lady at St. Vincent's*



*Our whole family, Sisters and all,
make your cause their own.*

Saint Elizabeth Ann Seton

*Grotto of Our Blessed Mother
on the Campus of St. Vincent's*



*Our whole family, Sisters and all,
make your cause their own.*

Saint Elizabeth Ann Seton

*The stained glass window of
St. Elizabeth Ann Seton adorns the
Chapel of Our Lady at St. Vincent's*

St. Vincent's Hospital Westchester

Mass Cards Request

Order Form

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Suggested contributions are listed below:

Quantity

\$ Amount

<input type="checkbox"/> Madonna and Child - \$10.00		
<input type="checkbox"/> Grotto of Our Blessed Mother - \$10.00		
<input type="checkbox"/> Saint Elizabeth Ann Seton - \$10.00		
<input type="checkbox"/> Three cards, one of each design - \$25.00		
<input type="checkbox"/> I would like to include an additional donation		
Totals:		

▶ Please make check payable to St. Vincent's Hospital Westchester-Div. SJMC or include credit card information below:

▶ Charge my credit card: (circle one) AMEX Visa Master Card

Card Number: _____ Expiration: _____

Name on Card: _____

Signature: _____

Total amount of charge: \$ _____

Please mail this request to: St. Vincent's Hospital Westchester
Development Office
275 North Street
Harrison, NY 10528

▶ Mass Cards may also be ordered online at www.stvincentswestchester.org/waystogive.html