# Mater Christi Rosary Guild

Mater Christi Council #14284 - Knights of Columbus
St. Ferdinand Parish
5900 W. Barry Ave., Chicago, Illinois 60634-6787

Dear Friends of Mater Christi Council #14284,

In times of great need, we call on the Holy Mother of Christ, Our Lady of Perpetual Help, for her prayerful intercession. Perhaps it could be the death of a family member or friend, or for the intention of Health or Healing of someone dear to you – or someone who has an addiction, is desperate to find employment, has a need for healing in their marriage, or a child struggling with emotional issues. Perhaps you may simply wish to enroll yourself. Prayers are powerful.

Not only for the reasons mentioned above, but also for those held dear in your heart, this is why we are sending you two Rosary Guild cards. One says: "In Loving Memory" and the other: "A Gift of Health and Healing." These cards have the commitment of the Rosary Guild Members, who have pledged to pray for your intentions, which is comprised of Brother Knights of Mater Christi Council #14284, their families, and devotees of the Holy Rosary.

We will be praying 18 Rosaries (5 decades), one each month and one on each of 6 designated Marian Feast Days, commencing on the day we receive your enrollment form and continuing throughout the 12 months until completion. In addition, for one year, we will have a monthly Mass intention for all of those who are enrolled in the Rosary Guild.

To use the "In Loving Memory" and "A Gift of Health and Healing" cards simply:

- Complete the Rosary Guild Enrollment form by entering the name of the person you are enrolling
- Inside the card you selected, list the name of the person you want enrolled and list your own name on the "Enrolled by" line. A gift envelope is included for you for your personal mailing or presentation purposes.
- Return the enrollment form with your Payment of either check, money order or completed credit card portion of the enrollment form. Put them in the enclosed addressed envelope, add postage, and mail them to us.

May the Blessed Mother of Christ intercede on your behalf.

Fr. Peter Gnoinski
Chaplain, Mater Christi Council #14284

Fr. Jason Torba
Chaplain Emeritus, Mater Christi Council #14284

**"In times of darkness, holding the Rosary is like holding our Blessed Mother's Hand"**
**- Padre Pio –**

**A Five Decade Rosary**
will be recited at Mater Christi Council's first Monday monthly meeting at 7:00 PM
as well as on the following 6 Marian feast & apparition days:

**Note:** If the first Monday is a holiday, the recital will move to the third Monday of the month.
**Note:** Time and location of these 6 prayer gatherings is TBD

- Our Lady of Lourdes, France – February 11th **
- Our Lady of Fatima, Portugal – May 13th *
- Our Lady of Mount Carmel – July 16th *
- Our Lady of Czestochowa, Poland – August 26th *
- Our Lady of the Rosary – October 7th *
- Our Lady of Guadalupe, Mexico – December 12th **

* Refers to praying the Rosary at a Grotto, weather permitting

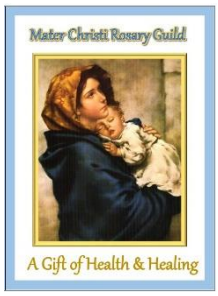
** Refers to praying the Rosary in the Church, with permission

**Additionally**
A monthly Mass intention will be offered for all who are enrolled in the Rosary Guild for a period of 1 year.

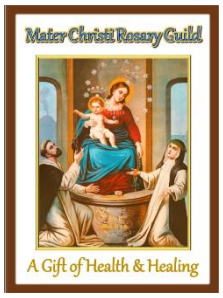
**Visit us at:** https://www.kofcmaterchristi.com

11/08/2023

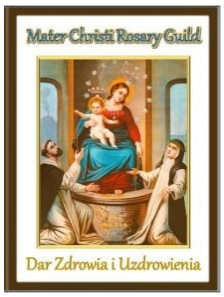
**A Gift of Health & Healing Card Stock Numbers**



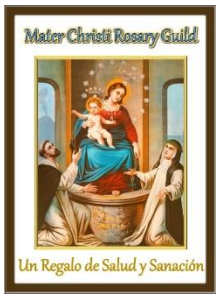
EN-HH-2021-MDS



EN-HH-2023-OLP

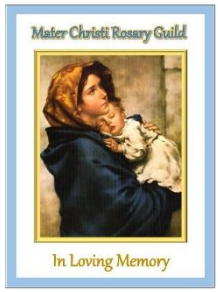


PL-HH-2023-OLP

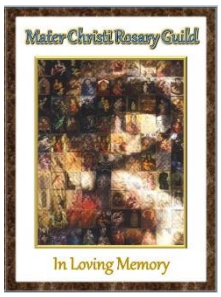


SP-HH-2023-OLP

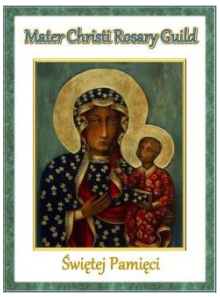
**In Loving Memory Card Stock Numbers**



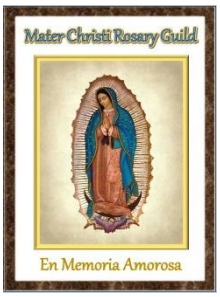
EN-ILM-2021-MDS



EN-ILM-2023-OLP



PL-ILM-2023-OLC



SP-ILM-2023-OLG

✂ ----------

☐ Please pray for my intentions (below)

☐ Please enroll the following in the Mater Christi Rosary Guild (one name per line)

- Name: _____

  My intention is for: ☐ In Loving Memory ☐ A Gift of Health & Healing

My Enrollment offering:

☐ $10.00 **per name** X (# of names) = $_____

☐ Additional Donation for Catholic Initiatives: $_____

**Make checks payable to:** Mater Christi Council #14284

If paying by Credit Card, complete the form below.

**Note: When using a Credit Card, we will impose a surcharge of 5% on all transactions.**

Your Name: _____

Your Address: _____

City: _____ State: _____ ZIP: _____

Phone #: (_____) _____- _____

Email: _____

Council # (if applicable): _____

☐ Please remember my intentions in your prayers:

_____

_____

**Order additional cards here:**

Please send me: ____ "In Loving Memory" Card(s)

____ "A Gift of Health & Healing" Card(s)

Language: ☐ English ☐ Polish ☐ Spanish

Card Stock Number: _____

For Credit Card (CC), select one:

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Amount: $_____

Account Number: _____

Expiration Date: ____/_____ CVV*: _____

Phone Number: (_____) _____ - _____

Mailing ZIP: _____

* CVV is the 3 digit code on the back of your CC. Amex has 4 digits on the front.

**Note: When using a Credit Card, we will impose a surcharge of 5% on all transactions.**

**Please send correspondence to:**

Mater Christi Rosary Guild
c/o St. Ferdinand Parish
5900 W. Barry St.
Chicago, IL 60634-5128

You can also email us your request at:
materchristi14284@gmail.com

**For Office use only**

Received Date: _____ Start: _____ End: _____

CC | Cash | Check/MO#_____ | Line #: _____

11/08/2023