**MISA A LA CUAL DESEA ASISTIR PRESENCIALMENTE**

**Rellena el formulario y envíalo a leonor.corvalan@divinaprovidencia.cl**

|  |  |
| --- | --- |
| **NOMBRE COMPLETO** |  |
| **TELÉFONO** |  |
| **RUT** |  |

**NUESTRA SEÑORA DE LA DIVINA PROVIDENCIA**

|  |  |
| --- | --- |
| Martes, 19.00 hrs |  |
| Jueves, 19.00 hrs |  |
| Domingo, 12.30 hrs |  |

**JESÚS NAZARENO**

|  |  |
| --- | --- |
| Miércoles, 19.00 hrs |  |
| Viernes, 19.00 hrs |  |
| Domingo, 11.00 hrs |  |