Lenten Plans

Name: _____

Fasting	Prayer	Almsgiving
I will fast from... Food: Entertainment:	*I will pray...* Mental Prayer/Meditation: Vocal Prayer(s):	*I will give...* Money or Possessions: Service time for:
When I will fast... Day(s):	*When I will pray...* Morning: Evening:	*When I will give...* Day(s): Amount of time: