

2008

Catholic Home Missions Appeal

Collection Transmittal Form

1. The amount being transmitted represents the collection taken up in _____ month _____ year
 2. Amount representing parish collections \$ _____
 3. Amount representing special individual gifts \$ _____
 4. Other _____ \$ _____
- Amount Enclosed** \$ _____

5. The enclosed check is: ___ partial payment or ___ final payment
 6. If this collection was combined with other collections, please list here: _____

- Submitted by (Arch)Diocese of _____
- Address _____
- City _____ State _____ Zip _____
- Direct inquiries to: Name _____
Title _____
Phone _____

*Please make check payable to **Catholic Home Mission Appeal***

Distribution

White Copy with check in
lavender envelope to:

Catholic Home Mission Appeal
P.O. Box 73142
Baltimore, MD 21273

Goldenrod Copy:

Keep for your records