The Catholic Relief Services Collection

Collection Transmittal Form

Please remit within five (5) months of this collection

| 1. | The amount being tra | | month | select year* | |
|-------|--|-------------------------|---|--------------------------------------|---------------|
| | *Your (arch)dioces | e/eparchy will be cred | lited for this calend | ar year. | |
| 2. | Amount representing | parish collections | \$ | | |
| 3. | Amount representing | bequest gifts | \$ | | |
| 4. | Amount representing other funds | diocesan donation/ | \$ | | |
| | Total Am | ount Enclosed | \$ | | |
| 4. T | The enclosed check is: | partial payment or | full/final pay | ment | |
| 5. In | f this collection was cor | nbined with other col | lections, please list | other collections here: | |
| | | | | | _ |
| Sul | bmitted by (Arch)Dioce | se/Eparchy of | select | from the drop down | - <u> </u> |
| | | Address | | | _ |
| | | | | | _ |
| Cit | у | S | State | Zip | _ |
| Dir | ect inquiries Name | | | | |
| | Title | | | | - - |
| | Phone | | | | - |
| | it future collection procents@usccb.org. | ceeds electronically vi | a ACH. To sign up | contact us at 202-541-3400 |) or |
| | Please make o | check payable to USC | CB-Catholic Relief | Services Collection | |
| | | | e remit to: | | |
| | | | tional Collections of Services Collecti | on | |
| | | | Box 96278 | For office use only: | |
| | | Washington | DC 20090-6278 | DIO CODE: COLLECTION ID: YEAR: | CRSC |

PLEASE NOTE THAT THIS FORM IS NOT

TO BE USED FOR OPERATION RICE BOWL OR OTHER CRS RELATED ITEMS OR EVENTS