

Catholic Home Missions Appeal

Collection Transmittal Form

Please remit within five (5) months of this collection

1. The amount being transmitted represents the collection taken up in _____ month _____ year*

*Your (arch)diocese/eparchy will be credited for this calendar year.

2. Amount representing parish collections \$ _____

3. Amount representing bequest gifts \$ _____

Amount Enclosed \$ _____

4. The enclosed check is: _____ partial payment or _____ final payment

5. If this collection was combined with other collections, please list other collections here:

Submitted by (Arch)Diocese/Eparchy of _____

Address _____

City _____ State _____ Zip _____

Direct inquiries to: Name _____

Title _____

Phone _____

*Please make check payable to **USCCB-Catholic Home Missions Appeal***

Please remit to:

Office of National Collections
Catholic Home Missions Appeal
3211 Fourth Street, NE
Washington, DC 20017-1194