

The Catholic Relief Services Collection

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 Relief Services Collection

Please remit to:

Office of National Collections
The Catholic Relief Services Collection
3211 Fourth Street, NE
Washington, DC 20017-1194

PLEASE NOTE THAT THIS FORM IS NOT
TO BE USED FOR OPERATION RICE BOWL
