2009
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

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 of _____

Address _____

City _____ State _____ Zip _____

Direct inquiries to: Name _____
Title _____
Phone _____

Please make check payable to ***USCCB-Catholic Relief Services Collection***

Distribution

White Copy with check in Green envelope to:

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

Goldenrod Copy: Keep for your records.