

Parish: _____ Town: _____

Date: _____ Report #: _____ Page: _____ of _____

	Donor Name	Address	Total Gift Amount	Amount Enclosed	Amount Remaining
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
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11.					
12.					
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16.					
17.					
18.					
19.					
20.					
		Total:			

Please mail this form with all corresponding Pledge and Cash Envelopes and/or Pledge and Cash Cards, and a parish check to: **Partners in Charity, 49 Elm Street, Worcester, MA 01609** Phone: 508-929-4366 • Fax 508-929-4387

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Please do not mail cash – Please submit one parish check for the total of all forms sent.

PLEASE RETAIN A PHOTOCOPY OF THIS FORM FOR YOUR PARISH RECORDS