

Partners in Charity Annual Appeal - Parish Collection Report

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Parish: _____

Town/City: _____

Date: _____

Report #: _____

	Donor Name	Address	Total Gift Amount	Amount Enclosed	Balance Due	Credit Card	Match Gift
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
Totals:							

Please do not mail cash. You may submit one parish check for the total contributions on this report.