

St. Catherine of Siena Catholic Church

1125 Ferry Street, Martinez, CA 94553

(925) 228-2230 Ext. 1004

stcatherineparish@stcmtz.org

My records match the statement provided by the Parish: YES NO Initial _____

My records show that I gave a different amount: YES NO Initial _____

Difference of Amount: _____

Documents provided (Please list and attach) _____

I understand that funds donated will be returned or repurposed, dollar for dollar
YES No Initial _____

I would like the donations given to the activity center/gymnasium project returned to me:
(Tax liabilities may apply)
YES NO Initial _____

I would like to have my donations repurposed to the needs of St. Catherine of Siena Parish community. Which
may include the Church, Parish Hall, Parish Office, Cemetery, Rectory and School.
YES NO Initial _____

Name: _____ Phone # _____

Address: _____

Signature: _____ Date: _____

Received in Parish office:

Date: _____ By: _____

Note: It is very important we receive a directive response from each donor so we may, appropriately and lawfully process distribution or use of previously received contributions

SCS Donor Form 6/15/2020