2009 Fall Combined Collection
Report Form

FOR CASH DONATIONS/GIFTS ONLY

Parish Number: __________________ Date: __________________

Parish Name: __________________ City: __________________

Please find enclosed, one check totaling $________ to represent:

$_________ in donor response flap

$_________ in loose collection

(Please fill out one response flap for the amount in the loose collection and use your anonymous donor account number on it)

I am also enclosing __________ donor response flaps, including the anonymous donor flap, that were collected.

_________________________________________________
Name of the person preparing this report (please print)

Please submit this report form when sending parish check, payable to Diocese of San Bernardino Fall Combined Collection, and individual combined collection donor response flaps (for cash donations/gifts ONLY) to:

Diocese of San Bernardino
Accounting Services - FCC
1201 E. Highland Ave
San Bernardino CA 92404