

# 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  
Number  
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**