



Date: \_\_\_\_\_

**TWINNING**  
**ANNUAL REPORT TO NATIONAL COUNCIL**  
For period of April 1, 20\_\_\_\_ to March 31, 20\_\_\_\_

**Between our Conference/Council of:**

**and the Conference/Council of:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province/PC \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Country \_\_\_\_\_  
Contact Person \_\_\_\_\_

1. Were there bonds of spiritual unity between you and your twinned conference?

- a) prayers for intentions
- b) concurrent masses offered
- c) other \_\_\_\_\_

2. Were there letters exchanged during this period:      Written \_\_\_\_\_      Received \_\_\_\_\_

3. Amount of financial support provided during this period:      \$ \_\_\_\_\_ in \_\_\_\_\_ instalment(s)

4. The source of these funds:

Conference/Council: \$ \_\_\_\_\_      Special fundraising appeal: \$ \_\_\_\_\_      Other: \$ \_\_\_\_\_

5. Describe nature of works, or self-help development projects that you assist:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe visits or other special contacts made during the period:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Other needs, problems and/or comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Position \_\_\_\_\_

**Please complete the form by March 31 and return it to:**

**The Society of Saint Vincent de Paul**  
**National Council of Canada**  
**Twinning**  
**c/o Nicole Schryburt**  
**1247 Kilborn Pl.**  
**Ottawa ON K1H 6K9**