



**SOCIETY OF SAINT VINCENT DE PAUL**  
**National Council of Canada**

**TRANSMITTAL**  
**INTERNAL TWINNING**  
**(between Canadian conferences)**

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

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**PART ONE**

Conference/Council sending funds: .....

Contact Person: .....

Full address: .....

Email address: .....

Tel./Fax: .....

Funds sent: \$ \_\_\_\_\_ For quarter 1 2 3 4

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**PART TWO**

Conference/Council receiving funds: .....

Contact Person: .....

Full address: .....

Email address: .....

Tel./Fax: .....

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Please mail the completed **form** along with your **cheque directly to your twins**  
and mail or fax a **copy of this form to the address below:**

Society of Saint Vincent de Paul  
National Council of Canada - Twinning  
c/o Nicole Schryburt  
2463 Innes Road, Ottawa ON K1B 3K3  
Tel: (613) 837-4363 - Fax: (613) 837-7375  
[twinning@ssvp.ca](mailto:twinning@ssvp.ca)