



SOCIETY OF ST. VINCENT DE PAUL
National Council of Canada

TRANSMITTAL
INTERNAL TWINNING
(between Canadian conferences)

Date: _____

PART ONE

Conference/Council sending funds: _____

Contact Person: _____

Full address: _____

Tel./Fax: _____

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

PART TWO

Conference/Council receiving funds: _____

Contact Person: _____

Full address: _____

Tel./Fax: _____

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:**

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

twinning@ssvp.ca