



SOCIETY OF SAINT VINCENT DE PAUL
National Council of Canada

APPLICATION FOR TWINNING PROJECT

Date: _____

PART ONE

Name of giving Conference/Council: _____

Full address of Conference/Council: _____

Tel: _____ Fax: _____ e-mail: _____

PART TWO

Contact Person: _____

Full address of contact person: _____

Tel: _____ Fax: _____ e-mail: _____

PART THREE

This is a formal request for our Conference/Council to assist fellow Vincentians with a project:

Between \$1000 and \$4000 total

More than \$4000 total

Language(s) of choice for correspondence with our project twin:

English

French

Spanish

PART FOUR

Our Conference/Council was aggregated/instituted on: _____

Our Revenue Canada Business Number is: _____ RR _____

President

Secretary

Please mail or fax the completed form application 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
Fax: (613) 837-7375 - e-mail: twinning@ssvp.ca

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