



9.17

TWINNING TRANSMITTAL FORM

Date: _____

PART 1

Name of conference/council sending funds: _____

Contact Person: _____

Complete address : _____

Email address: _____

Telephone number: _____

PART 2

Name of conference/council receiving funds: _____

City: _____

Country: _____

PART 3

Funds sent: \$ _____

This amount sent is for 1 quarter: Feb. May Aug. Nov.

This amount sent is for 4 quarters:

(You can send one cheque for the year and we will send an amount each quarter.)

Please mail the completed form along with your cheque (\$CA payable to SSVP Canada) to:

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