



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

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

**TWINNING  
ANNUAL REPORT TO REGIONAL COUNCIL  
For period of January 1, 20\_\_\_\_ to December 31, 20\_\_\_\_**

Our Conference  Council  Our Twin: Conference  Council

|                       |                       |
|-----------------------|-----------------------|
| Name: _____           | Name: _____           |
| Address: _____        | Address: _____        |
| City/Prov: _____      | _____                 |
| PC: _____             | Country: _____        |
| Contact Person: _____ | Contact Person: _____ |
| Phone: _____          | Phone: _____          |
| E-mail: _____         | E-mail: _____         |

**SPIRITUALITY** Please indicate if there were bonds of spirituality shared between the twins:

a) Intentions  b) Masses offered  c) Joint Rosary: same time  via video link

Other forms of shared spirituality: \_\_\_\_\_

**COMMUNICATION** Please indicate the forms of communication and frequency shared by the twins:

a) Letters: written  Received  b) E-mail:  c) Telephone:  d) Skype (other)

Please explain: \_\_\_\_\_

**FINANCIAL SUPPORT:**

Please indicate the support given Twinning  Project

Total financial support during this period: \$ \_\_\_\_\_ No. of contributions: \_\_\_\_\_

Describe the works your twin uses these funds for: \_\_\_\_\_

**TWINNING** Discontinued  Suspended  Please indicate the reasons:

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

**COMMENTS:**

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

Submitted by (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Position: \_\_\_\_\_

NOTE: Please complete the form by **February 28** and forward to the Regional Twinning Coordinator:

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