



Parish Name:				Parish #:				Date:			
Parish Admin:				Campaign Manager							
Env #	ID# or New	Name	Address, City, State Zip	Email	Phone	MO/Checks #	MO/CK Date	Pledge	Paid		
	Total # of Envelopes					MO/CK Total:					

Cardinal's Appeal Payment Form - Credit Cards (Appeal Code - 003 | 170)

Parish Name:				Parish #:		Date:			
Parish Admin:				Campaign Manager:					
Env #	ID# or New	Name	Address, City, State Zip	Email	Phone	Last 4 Digits of Credit Card #	Exp Date	Pledge	Paid
		Total # of Envelopes				Credit Cards Total:			

Cardinal's Appeal Payment Form - Cash (Appeal Code - 003 | 170)

Parish Name:				Parish #:		PC:	
Parish Admin:				Campaign Manager:		Date:	
Env #	ID# or New	Name	Address, City, State Zip	Email	Phone	Pledge	Paid
		Total # of Envelopes				Cash Total:	



Parish Name:				Parish Check #:		Parish #:			
Parish Admin:				Date:		Campaign Manager:			
Env #	ID# or New	Name	Address, City, State Zip			Email	Phone	Cash Amount	
		Total # of Envelopes				Parish Check Amount:			