



Catholic Diocese of Sioux Falls
 Catholic Family Sharing Appeal
 North Duluth Avenue
 Sioux Falls, SD 57104
 605-988-3788

CFSA Office Use Only	
No. (autofill by printer)	_____
Parish Code	_____
Batch #	_____
Initials	_____
Date	_____

TRANSMITTAL REPORT

Parish Name _____

Date Mailed _____

Town _____

Prepared By _____

Parish CFSA Goal _____

Phone Number _____

1. Number of pledge cards enclosed _____

2. Total amount pledged on enclosed cards _____

* * * * *

3. CFSA Parish Goal _____

4. Payment Enclosed _____

5. Total Previous Payments sent to CFSA Office _____

6. Misc. Adjustments

<i>Description</i>	<i>Amount</i>
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

7. Total amount remaining to reach parish CFSA goal _____

CFSA OFFICE USE ONLY	
Number of Checks _____	Parish Check Number(s) _____
Total Enclosed _____	Completed by: _____ Date _____

Return yellow copy to CFSA Office with parish check and completed pledge cards.