



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

Description

Amount

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.