SEND TO: Office of Mission Advancement
3940 Poplar Level Road
Louisville, KY 40213
Email: mherberger2@archlou.org

Date: _____

Parish #: _____

*Please submit completed form WITH PAYMENTS to the Office of Mission Advancement **MONTHLY**.

PARISH _____

ADDRESS _____

CITY, ZIP _____

PHONE _____ **PREPARED BY** _____

Catholic Services Appeal

PLEASE LIST ALL CSA GIFTS ***REMITTED DIRECTLY TO PARISH*** AND RECEIVED BY CASH, CHECK, OR ONLINE:

FULL NAME OF DONOR (Last, First)	ADDRESS	CITY, STATE, ZIP	GIFT AMOUNT
		LOOSE CASH (Not identifiable):	
Parish Check #:		**TOTAL AMOUNT OF PARISH CHECK** (Please enclose with this form. Do not include with assessment.):	