



TRANSMITTAL
EXTERNAL TWINNING

Date: _____

PART ONE

Conference/Council sending funds: _____

Contact Person: _____

Full address: _____

Email address: _____

Tel./Fax: _____

Funds sent: \$ _____ For quarter Feb. May Aug. Nov.

PART TWO

Conference/Council receiving funds: _____

Contact Person: _____

Full address: _____

Tel./Fax: _____

PART THREE

This amount sent is for one quarter

This amount sent is for 4 quarters
(You can send one cheque for the year and we will send an amount each quarter.)

We need new transmittal forms.

Have you sent correspondence this year to your twins ? Yes No

Have you received correspondence this year from your twins ? Yes No

Please mail the completed form along with your cheque (\$CA payable to **SSVP Canada**) to:

Society of Saint Vincent de Paul
National Council of Canada - Twinning
 c/o Nicole Schryburt
 2463 Innes Road, Ottawa ON K1B 3K3
 Tel: (613) 837-4363 - Fax: (613) 837-7375
twinning@ssvp.ca