



SOCIETY OF SAINT VINCENT DE PAUL
National Council of Canada

TRANSMITTAL
INTERNAL TWINNING
(between Canadian conferences)

Date: _____

PART ONE

Conference/Council sending funds:

Contact Person:

Full address:

Email address:

Tel./Fax:

Funds sent: \$ _____ For quarter 1 2 3 4

PART TWO

Conference/Council receiving funds:

Contact Person:

Full address:

Email address:

Tel./Fax:

Please send your funds **directly to your twins**
and send this form (by e-mail, mail or fax) to the address below:

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