



# OUR CATHOLIC APPEAL

The Catholic Foundation of Central Florida

REPORT # \_\_\_\_\_

Catholic Foundation of Central Florida  
PO Box 1422 Orlando, FL 32802-1422  
Phone: 407-246-7185 Fax: 407-246-4939

OFFICE USE ONLY

Transmitted: \_\_\_\_\_

DR: \_\_\_\_\_

DM: \_\_\_\_\_ DL: \_\_\_\_\_

#B: \_\_\_\_\_ #E: \_\_\_\_\_

BATCH #s: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## TRANSMITTAL FORM

### Batch Card Totals

SCANNED TO DIRECTORY

\_\_\_\_\_

Date: \_\_\_\_\_

Number of Paid in Full: \_\_\_\_\_

Parish Number: \_\_\_\_\_

Number of Credit Card Gifts: \_\_\_\_\_

Parish: \_\_\_\_\_

Number of Partial Payments: \_\_\_\_\_

City: \_\_\_\_\_

Number of No Down Payments: \_\_\_\_\_

Number of Refusals/Deletions: \_\_\_\_\_

Total Number of Envelopes: \_\_\_\_\_

### Total Pledged by Gift Type

Box 1		Box 2		Box 3		Box 4		Box 5
Pledges Paid in Full (Green)	+	Pledges w/Partial Pmt. (Blue - Line A)	+	Pledges w/No Down Pmt. (Orange)	+	Pledges Paid by Credit Card (Lilac - Line A)	=	Total Pledged
\$		\$		\$		\$		\$

### Total Collected by Gift Type

Box 6		Box 7		Box 8
Paid in Full (Green)	+	Down Payments (Blue - Line B + Lilac - Line B)	=	Check or DSAS Check Request Total
\$		\$		\$
				(Now Paying)

You may complete this section for your own purpose if desired. The Catholic Foundation does not need this information.

Previously Reported: \$ \_\_\_\_\_ (from prior transmittals)

Gifts to diocese:

Reporting Now: = \$ \_\_\_\_\_ (reports sent to the parish from the diocese)

Total to Date: \$ \_\_\_\_\_ (Box 5 above) \$ \_\_\_\_\_

Parish Appeal Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_