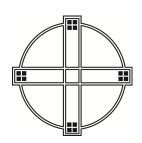


Date: _____

Name of Organization:

Donation Request for Christ the Redeemer





RETURN THIS FORM TO PARISH OFFICE

Address: Street/P.O. Box			
City	State	Zip	
Phone Number:	_ Contact Perso	on:	
Website:	_ 501 (c (3)	Yes No	
Go to www.guidestar.org to verify this status.			
Charity Navigator.org Overall Rating:			
Requested Amount:			
Type of Organization: International	_	National-U.S	
Local	_	CTR Parishioner	
Purpose of Donation/Mission of Organization:			
Donation Request By: (name, phone, email):			
Please attach any information, brod	chures, promotional r	naterials to this request for	m.
Please attach any information, broo	chures, promotional r	naterials to this request for	m.
FOR	OFFICE USE ONLY	-	m.
Last time CTR donated to this organization:	OFFICE USE ONLY	-	m.
Last time CTR donated to this organization: Request granted for \$	OFFICE USE ONLY	- -	m.
Last time CTR donated to this organization:	OFFICE USE ONLY	- -	m.
Last time CTR donated to this organization: Request granted for \$	OFFICE USE ONLY	- -	m.
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Last time CTR donated to this organization: Request granted for \$	Tithing Rep.:		