

**BISHOP'S SERVICES APPEAL
GIFT REPORTING FORM***

ATTN: Office of Stewardship and Development
1408 Carmel Drive
Lafayette, Louisiana 70501
Fax No.: (337) 261-5645

Date: _____

Parish #: _____

*Please submit completed form monthly to the Office of Stewardship and Development.

PARISH: _____

ADDRESS: _____

CITY: _____

PHONE: _____ **PREPARED BY:** _____

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

FULL NAME OF DONOR (Last, First)	ADDRESS	CHECK #	GIFT AMOUNT
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 Bishop's SERVICES APPEAL <small>Sustaining the Vision of Christ</small>	LOOSE CASH (Not identifiable): _____	\$
	TOTAL AMOUNT OF PARISH CHECK (Please attach): _____	\$