

## **National Black and Indian Mission Collection**

## **COLLECTION TRANSMITTAL FORM**

1.	(ARCH)DIOCESE NAME:				
2.	(ARCH) DIOCESE ADDRE	SS:			
3.	AMOUNT ENCLOSED:				
4.	COLLECTION DATE:				
5.	ENCLOSED CHECK IS:	Total Returns Partial Returns			
6.	COLLECTION TYPE:	Single	Combined _	No Co	ollection
7.	IF COMBINED COLLECTION PLEASE LIST OTHER COLLECTIONS:				
8.	SUBMITTED BY:				
9.	BEST PERSON TO CONTA	ACT IF WE HAV	VE QUESTION	S:	
		Name			
		Title			
		Phone			

Kindly send the CHECK and the FORM to:

Reverend Maurice H. Sands Black and Indian Mission Office 2021 H Street NW Washington DC, 20006-4207