GIFT REPORTING FORM

ATTN: Office of Stewardship and Development
1408 Carmel Drive
Lafayette, Louisiana 70501
Email: csleblanc@diolaf.org / Fax No.: (337) 261-5645

Date: _____

Parish #: _____

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

PARISH: _____

ADDRESS: _____

CITY: _____

PHONE: _____ PREPARED BY: _____

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

FULL NAME OF DONOR (Last, First)	ADDRESS	CITY	ST	DONOR CHECK #	GIFT AMOUNT
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
		LOOSE CASH (Not identifiable):			$
		TOTAL AMOUNT OF PARISH CHECK (Please attach):			$