⛢ Holy Trinity Parish Money Request Form

Check ___   **Charge** ___   **Transfer** ___   Date _____

Name (to appear on check): _____

Address_____

City _____State_____Zip_____

Request made by:_____ Phone _____

Description/Reason for Request: _____

(Please attach receipts.)

Amount Requested:_____   Check needed by (date)_____

Entity responsible for payment:

(Please check all that apply.   If the money is split, please list amount.   If there is a transfer, please indicate From and To. If a payment for service, indicate times/hours.)

Holy Trinity(HT) …………._____   HT– CCW General………..._____
St. Columbkill(SC) ……..._____   HT– CCW Fundraiser……._____
St. Mary(SM) ………………._____   SC – CCW General……..._____
Parish(HT/SC/SM) ……….._____   SC – CCW Fundraiser….._____
Youth & Fam. Ministry…._____   SM – CCW General……..._____
                                          SM – CCW Fundraiser…_____

For payment, return completed form to the parish office or Father McCabe. Thank You! (updated 12/24)
Holy Trinity Parish, 211 4th St. N, PO Box 275, Goodhue, MN 55027
Phone - (651) 923-4472, www.holytrinitygoodhue.org, email holytrinitygoodhue@gmail.com