
COLLECTION TRANSMITTAL FORM

Please refer to current year Special Collection Calendar for collection date.
Collections must be remitted within two weeks of collection.

The amount being transmitted represents the collections taken up on _____.
(date)

- 1. Total Amount Collected \$ _____
- 2. Parish Check Number # _____
- 3. Check Date _____

Please make check payable to Diocese of Des Moines and mail to:

DIOCESE OF DES MOINES
Finance Department
601 Grand Ave.
Des Moines, IA 50309

Parish Name _____

City _____ Diocesan Parish ID Number _____

Parish Contact: Name _____
Title _____
Phone _____

Questions? Please call 515-237-5028 for a member of the Diocesan Finance Department.