

# St. John of Rochester Parish Tithing



## SHARING SUGGESTION

I request that a tithing contribution of \$ \_\_\_\_\_ be made to the following organization for the need and reason stated.

Name of Organization: \_\_\_\_\_

Contact Person / Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Nature of the work performed by this organization. Please provide supporting material whenever feasible including financial statements, brochures, annual reports, newsletters, project descriptions, quotes, etc. \_\_\_\_\_

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Describe how this contribution would be used (be as specific as possible) and indicate how the tithing criteria (see reverse) are met. Please provide any supporting material:

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Recommended by: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SUBMIT THIS COMPLETED FORM TO THE PARISH OFFICE OR DROP IN THE COLLECTION BASKET