

PRIESTS' WELFARE TRUST
P.O. BOX 3387 . LAFAYETTE, LA 70502-3387

REMITTANCE FORM
Clergy Retirement Due

	_____	_____	_____	_____	_____
Number	_____	Church/Chapel	_____	Church/Chapel Name	City

CLERGY NAME

_____	\$	_____
_____		_____
_____		_____
	Check Total:	\$ _____

Make check payable to **"Priests' Welfare Trust"**
Mail copy with check to Fiscal Administration at above address.

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