



Remittance Form

Check One: School Religious Education

The enclosed contribution represents:

Extra Mile \$ _____
 Sharecare \$ _____
 World Mission Month \$ _____
 Advent & Christmas \$ _____
 Lent & Easter \$ _____
 Emergency Relief \$ _____
 Special Project \$ _____
 Total \$ _____

Please issue donation to Missionary Childhood Association and mail to:

Missionary Childhood Association • Archdiocese of Los Angeles
 3424 Wilshire Blvd. 3rd Floor Los Angeles, CA 90010

School / Parish Name _____ City _____

Contact Name _____ Date _____



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