



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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