

# MISSION APPEAL REPORT FORM INSTRUCTIONS

1. Please open all Mission Appeal collection envelopes and kindly indicate the total amount of the check or cash enclosed on the front of the individual collection envelope if not already written by donor.
2. All loose coin and unidentified cash donations should be totaled and this total entered on line 1 below. Please do not send the **unidentified** envelopes with your report.
3. Once the money has been removed and properly recorded on the envelopes, please run an adding machine tape for the **total gifts** from **identified** envelopes only and enclose the tape with this report. Enter this total amount on line 2 below. It is only beneficial if the adding machine tape is in the same sequence as the envelopes.
4. Bank all money received from this appeal into your bank account. Funds received should be coded to revenue account #48100. Forward one parish check to our office payable to **Mission Appeal Collection** for the total of all gifts (line 3 below). Disbursement should be coded to disbursement account #48150.
5. Please send all identified envelopes. The Office of Stewardship Development needs to receive the donor's original envelope for two reasons: for proper recording of donor giving options; and for year-end reporting purposes.
6. All envelopes for credit card transactions should be separate from the cash or check envelopes. Please **DO NOT** include the totals from these envelopes in with your Total Gifts or the Total Amount Received. Indicate the total amount of your credit card transactions on line 4 *only*. Also, do not include the total of all credit cards in your parish check. Once the transaction has been completed the parishioner will receive credit for their contribution.

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**INDICATE TOTAL RESULTS HERE**

1. Total miscellaneous cash and unidentified donations \$ \_\_\_\_\_
2. Total gifts on enclosed envelopes \$ \_\_\_\_\_
3. Total amount received (add lines 1 & 2) \$ \_\_\_\_\_

**Amount of Check** \_\_\_\_\_ **Check Number** \_\_\_\_\_

4. Total amount of credit card envelopes \$ \_\_\_\_\_  
(Do Not include this total in with your parish check)

Parish name \_\_\_\_\_ Town \_\_\_\_\_ Parish number \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

**Please return:**

- This report form
- All identified collection envelopes
- Adding machine tape for enclosed envelopes (in same order as envelopes)
- One parish check to cover the total of all cash and check donations (made payable to Mission Appeal Collection)

**Mail to:**

The Office of Stewardship Development  
P.O. Box 7044  
Rockford, IL. 61125-7044  
(815) 399-4300

**THANK YOU**