

*The Catholic Women's League of Canada  
Edmonton Diocesan Council*

**Parish Remittance Form**

Complete in duplicate: Send one copy with cheque  
Keep one copy in your file

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**Council Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Treasurer's Name** \_\_\_\_\_

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Make cheques payable to “**CWL Edmonton Diocesan Council**”  
Only one cheque is necessary for everything.

|  |          |
|--|----------|
| - <b>Sign of Hope – Catholic Social Services</b> | \$ _____ |
| - <b>Breast Cancer Research</b>                  | \$ _____ |
| - <b>Alberta Pro-Life</b>                        | \$ _____ |
| - <b>St. Benedict's Chapel</b>                   | \$ _____ |
| - <b>Chrism Mass</b>                             |          |
| - Zone 1 to 8 \$20.00                            |          |
| - Zone 9 - \$10.00 (plus sandwiches and squares) | \$ _____ |
| <b>Total</b>                                     | \$ _____ |

Cheryl Boom, Diocesan Treasurer  
17017 – 78A Street  
Edmonton, AB  
T5Z 0C8  
Email: cheryl.boom@albertahealthservices.ca

Receipt #R\_\_\_\_\_

Cheque # \_\_\_\_\_

Date \_\_\_\_\_