



Date: _____

TWINNING
ANNUAL REPORT TO NATIONAL COUNCIL
For period of April 1, 20____ to March 31, 20____

Between our Conference/Council of:

and the Conference/Council of:

Name _____
Address _____
City/Province/PC _____
Contact Person _____
Telephone _____

Name _____
Address _____
Country _____
Contact Person _____

1. Were there bonds of spiritual unity between you and your twinned conference?

- a) prayers for intentions
- b) concurrent masses offered
- c) other _____

2. Were there letters exchanged during this period: Written _____ Received _____

3. Amount of financial support provided during this period: \$ _____ in _____ instalment(s)

4. The source of these funds:

Conference/Council: \$ _____ Special fundraising appeal: \$ _____ Other: \$ _____

5. Describe nature of works, or self-help development projects that you assist:

6. Describe visits or other special contacts made during the period:

7. Other needs, problems and/or comments:

Signature _____

Position _____

Please complete the form by March 31 and return it to:

Claude Bedard
Society of St. Vincent de Paul
610B Cormorant Street
Courtenay, BC V9M 3P1