POR LOS NINOS COIN BANK CAMPAIGN
CHART OF CONTRIBUTIONS

Congregation:_____**Phone:** _(____)_____
_

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

Contact Person:_____**Phone:** _(____)_____

Address:_____ **City:**_____ **State:**_____ **Zip:**_____

Please fill out the form completely for each participant. We ask that you either type or write legibly. Please have the participants give their information in full, as abbreviations are not always understandable. If the participant would like to receive our next newsletter, please have them put an "X" in the box labeled "NL".

# of Can	Full Name	Address (City, State, and Zip Code)	Phone Number	Amount in Can	NL