

# The Catholic Women's League of Canada

TOLL-FREE TELEPHONE: 1-888-656-4040

TOLL-FREE FAX: 1-888-831-9507

## PARISH COUNCIL REMITTANCE FORM FOR PER CAPITA FEES

The League's membership year runs from January 1<sup>st</sup> to December 31<sup>st</sup>.  
Per capita fees are due at national office by February 28<sup>th</sup>.

PARISH  
COUNCIL

\_\_\_\_\_

CITY /  
TOWN

\_\_\_\_\_

PERSON REMITTING  
DOCUMENTATION

\_\_\_\_\_

TITLE

\_\_\_\_\_

DIOCESE

\_\_\_\_\_

TELEPHONE

\_\_\_\_\_

DATE

\_\_\_\_\_

FOR NATIONAL OFFICE USE ONLY
Date: _____
Batch: _____
Council Code: _____
Cheque: _____
Total: _____

**NUMBER OF MEMBERS PAYING FOR CURRENT YEAR**

**(NOTE: DO NOT INCLUDE YOUR SPIRITUAL ADVISOR IN THIS COUNT)**

NATIONAL PER CAPITA FEE	_____	x	\$ 13.00	PER MEMBER	=	\$ _____	(a)
PROVINCIAL PER CAPITA FEE	_____	x	\$ _____	PER MEMBER	=	\$ _____	(b)
DIOCESAN PER CAPITA FEE	_____	x	\$ _____	PER MEMBER	=	\$ _____	(c)
	_____	x	\$ _____	PER MEMBER	=	\$ _____	(d)

**TOTAL PER CAPITA FEE REMITTING FOR CURRENT YEAR = \$ \_\_\_\_\_ (e)**

**ADD FEES INCLUDED IN THIS REMITTANCE FOR PREVIOUS YEARS**

NUMBER OF MEMBERS PAYING	_____	x	\$ _____	PER MEMBER	=	\$ _____	(f)
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**ADD GIFT SUBSCRIPTION TO MAGAZINE FOR NON-MEMBERS (SPIRITUAL ADVISORS, ETC)**

NUMBER OF SUBSCRIPTIONS	_____	x	\$ 8.00	PER MEMBER	=	\$ _____	(g)
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**TOTAL REMITTANCE INCLUDED = \$ \_\_\_\_\_ (h)**