

The Endowment Trust for Catholic Education ***Contribution Transmittal Form***

Name: _____
Print name of parish, school, or institution.

City: _____
Print of City of parish, school, or institution.

SOURCE OF THE FUNDS: Please mark the appropriate box.

- Donation Designated by Donor(s)
- Bequest Designated by Donor
- Fundraiser for the benefit of the Education Endowment Trust
- Allocation from the funds of the parish, school, or institution
- Other, please specify

ATTACHED CHECK INFORMATION

Check Number: _____ Date: _____

Check Amount: _____ Amount for Endowment: _____

Form Prepared by: _____
Name and Title

Please send this form and check to:
Education Endowment Trust
c/o Diocese of Kansas City-St. Joseph
Post Office Box 419037
Kansas City, MO 64141-6037

Office Use – Account Number: _____ **Date Received:** _____

Account Name: _____