

Donation Form for Madison Diocesan CCW, WI

Revised 04-29-2025

Date _____

This Donation is from () Parish/Pastorate CCW () Vicariate CCW () Individual

PARISH/PASTORATE/VICARIATE NAME Or Individual Name

_____ Membership No. _____

Address Line 1 _____

Address Line 2 _____

City State Zip Code _____

Person submitting donation: Are you the treasurer () Yes () No

If No, what is your position? _____

Name: _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email address _____

INDICATE BELOW WHAT GROUPS ARE TO RECEIVE THESE DONATIONS & THE AMOUNT TO EACH GROUP.

CATHOLIC RELIEF SERVICES:

Madonna Plan \$ _____

Water for Life \$ _____

NCCW VOCATION PURSE CLUB \$ _____

CROSS CATHOLIC OUTREACH \$ _____

TOTAL DONATIONS: \$ _____

CHECKS ARE TO BE MADE PAYABLE TO: **NCCW**

Donations to the following are to be sent along with this form directly to Patty Spragg and not to NCCW.	
Fundraiser _____	\$ _____
Ordination Reception _____	\$ _____
Other _____	\$ _____
Total Donations:	\$ _____

Send Donation Form and check to NCCW: **3211 4th St NE, Suite 338
Washington, DC 20017
(703) 224-0990**

SEND A COPY OF THIS FORM TO THE MDCCW TREASURER: Patty Spragg
Oak Park Place
800 Waldo Street, Apt. 2003
Baraboo, WI 53913
pattyspragg@gmail.com

DEADLINE FOR DONATIONS IS APRIL 30 TO BE INCLUDED IN THE YEAR-END REPORT.