

Wire Transfer Designation Form
Diocese of Southeast Mexico
Current as of October 2016

DATE: _____ AMOUNT: _____

TO: _____
Name of Parish, Clinic, School, Theological College, Bishop's Discretionary Fund, etc.

PURPOSE: _____
Salaries, Medical, Clinic, Vehicle, Books, Program, Capital, Education, etc.

FROM: _____
Name of Church or Individual Donor(s)

ADDRESS: _____
For purposes of recognition

CONTACT: _____
Name and phone and/or email to use if there are questions or concerns

Make Check Payable to: Diocese of Chicago
Mail to: 65 E. Huron St.
Chicago IL 60611
Attn: Finance Office

IMPORTANT: Please include a copy of this completed form with the check

If you have any questions please contact Rebecca Roberts (rroberts@episcopalchicago.org).