SOCIETY OF SAINT VINCENT DE PAUL

Date: _____/_____/_____

TWINNING

DONOR/RECEIVER COMMUNICATION FORM

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Spirituality: Please indicate if there were bonds of spirituality shared between the Twins:

a.) Intentions ☐  b.) Masses offered ☐  c.) Joint Rosary: same time ☐  d.) Via video link ☐

Other forms of shared spirituality: ________________________________

Communication: Please indicate if there was correspondence shared between the Twins:

a.) Letters: sent ☐ received ☐  b.) Email ☐  c.) Telephone/Text ☐  d.) Video link ☐  e.) Visits

Please explain: __________________________________________________________

Financial Support (Receiving Country Only): Please indicate whether for Twinning use or Projects:

Total Twinning support received during this period (in your local currency)___________________
For what purposes have these funds been used: _____________________________________________

Total Projects support received during this period (in your local currency)____________________
For what purposes have these funds been used: _____________________________________________

Special CONTACTS or EVENTS: Please share any special “event” shared with your Twin in this period:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Submitted by: ___________________ Signature: ___________________ Position: ___________________

Approved by National Council President or National Twinning Coordinator:

________________________________________________________________________

Please return to your Twinned Conference