



NATIONAL COUNCIL OF THE UNITED STATES SOCIETY OF ST. VINCENT DE PAUL[®], INC.

INTERNATIONAL TWINNING APPLICATION

Office Use Only			
Date		Country	
Notification		Conference Name	

Council/Conference Name _____ Aggregation Date _____

Council/Conference Contact _____

Council/Conference Address _____

City _____ State _____ Zip _____

(This address will be used for acknowledgments and shared with your twin for correspondence purposes.)

Email _____ Phone Number _____

(This email will be forwarded to your twinning partner for correspondence purposes)

Contribution Amount \$25 \$50 \$75 \$100 Specify Other

Frequency Monthly Quarterly Semi-Annual Annual Specify Other

Please assign us an International
Council/Conference in need

We wish to twin with the following
(complete below)

Country _____ City _____

Council/Conference Name _____

Council/Conference Signature _____ Diocesan Council Signature _____

Print Name _____ Print Name _____

INSTRUCTIONS TO USA CONFERENCE

1. Forward to local Diocesan Council for signature.
2. Forward completed form to the attention of International Twinning via any of the methods listed below:
 - Mail: National Council of the United States, Society of St. Vincent de Paul
66 Progress Parkway Maryland Heights, MO 63043-3706
 - Email: emartinez@svdpusa.org

National Council of the United States Society of St. Vincent de Paul, Inc.

66 Progress Parkway • Maryland Heights, MO 63043-3706 • (314) 576-3993 • www.svdpusa.org