



TWINNING

DONOR/RECEIVER COMMUNICATION FORM

Donor: Conference Council

Receiver: Conference Council

Name: _____
Contact Person: _____
Address: _____
City/Prov: _____
Post/Zip: _____
Country: _____
Phone: _____
Email: _____

Name: _____
Contact Person: _____
Address: _____
City/Prov: _____
Post/Zip: _____
Country: _____
Phone: _____
Email: _____

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