



BISHOP'S MINISTRY APPEAL

Fulfilling the Mission with a Generous Heart

CASH COLLECTION REPORT

Date: _____ **Parish Name:** _____ **City:** _____

Total Amount of Cash	Parish Check Amount/Check Number (equals total amount of cash) Make check payable to the <u>BISHOP'S MINISTRY APPEAL TRUST</u> .

Please print clearly.

BMA Parish Support Staff: _____ **Approved by:** _____
(Name of person responsible for completing this form)

**BISHOP'S MINISTRY APPEAL***Fulfilling the Mission with
a Generous Heart***SAMPLE****CASH COLLECTION REPORT****Date:** _____, 2026 **Parish Name:** _____ St. Mary **City:** _____ Stockton

Total Amount of Cash	Parish Check Amount/Check Number (equals total amount of cash)
\$288.15	\$288.15 / #1000

Please print clearly.

Diocesan ID#	Please list each envelope separately.	Amount of Cash	Pledge: Yes or No	Pledge Amount
	ANONYMOUS PILE #2	288.15		
	List donor name and address information from Pile #3 here.			
12345	Mary Smith, 212 N. San Joaquin St, Stockton 95202	20	Yes	160
54321	John & Sue Jones, 1234 Main Street, Stockton 95203	5		
	Cash Total:	288.15		

BMA Parish Support Staff: _____ **Approved by:** _____
(Name of person responsible for completing this form)