
ST. REGIS
CATHOLIC PARISH

# Tithing Nomination

Date: _____

Name of Parishioner nominating: _____
Address: _____
Phone: _____ Email: _____

Name of Organization nominated: _____
Address of Organization: _____
Phone Number of Organization: _____ Website: _____

Contact Person at Organization: _____
Phone of Contact Person: _____ Email: _____

Mission of Organization: _____
_____
_____

What is the amount of the request? $_____

Why should St. Regis Tithing consider this request and this organization? _____
_____

Is this a Not-For-Profit (501c3) charitable organization? Yes No

Does the organization provide service in Southeast Michigan? _____

Is the organization aligned with Catholic Social Teaching? _____
_____
_____

Additional Information _____

Signed _____