

Martin de Porres Foundation



PARISH DIRECTOR/COORDINATOR/ADMINISTRATOR OF RELIGIOUS EDUCATION
REIMBURSEMENT FORMS – 1st, 2nd, 3rd, or 4th QUARTER (Circle One)

PARISH: _____

PHONE: _____

PASTOR: _____

PD/C/ARE: _____

To insure better use of our combined resources to offer pertinent and beneficial educational opportunities to members of the Roman Catholic African American Community, we ask you to evaluate previous programs and communicate your suggestions for needed workshops, programs, courses, etc., as well as major presenter.

Program Evaluation:

Future Topics w/Organizational Recommendations: (Contacts, speakers, sites, dates, etc.)

AMOUNT REQUESTED: _____

SIGNATURE OF PASTOR: _____

Date _____

SIGNATURE OF PD/C/ARE: _____

Date _____

Please return this form to the Foundation by September 1, 2018.

Catherine R. Hamilton
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