

Date: _____

ARCHBISHOP'S ANNUAL APPEAL
Archdiocese of Hartford

Pastor: _____

Parish & City: _____

ADDITION FORM

IMPORTANT: PLEASE INCLUDE PREFIX (Mr., Mrs., Mr. & Mrs., etc.)

Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Name: _____

Address: _____ City: _____ State: _____

Zip: _____

Please return to:

ARCHBISHOP'S ANNUAL APPEAL OFFICE
467 Bloomfield Avenue, Bloomfield CT 06002
Fax: 860-242-0266

Please make photocopies of a blank form if you need more.