



Parish Rewards Incentive Form
To be completed by Vendor & Customer

Parish Rewards

Vendor Name: _____ Address: _____
Contact: _____ Phone: _____
Date of Purchase: _____ Amount contributed to Queen of Angels \$ _____
Customer Name: _____ Phone: _____

The first 50% of the donation amount goes directly to Queen of Angels. Please apply the other 50% of the donation to the following (as determined by the customer):

- _____ Parish Ministry (please specify) _____
- _____ Parish General Fund
- _____ Tuition Account for (specify student name) _____ at
 - _____ Queen of Angels
 - _____ Bishop Dwenger High School
 - _____ University of St. Francis
 - _____ Another area Catholic School (please specify) _____

Vendor: Mail a copy of this form and donation to: Parish Rewards 1500 West State Blvd. Fort Wayne, IN 46808

Customer: Retain a copy of this form for yourself and send a copy to Parish Rewards so that we may anticipate the donation.



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