



Parish Project Registration

IMPORTANT: 100% of funds received over parish goal is returned back to the parish Return this form to the Catholic Foundation of Southern Minnesota **NO LATER THAN MAY 31, 2025**

Parish Name: _____

Pastor Name: _____

Parish City: _____

I certify that our parish will participate in the capital project component of the 2025 Catholic Ministries Appeal.

Through the 2025 Catholic Ministries Appeal, we intend to raise \$ _____ for our parish project.

Include a brief description of the project:

Pastor Signature: _____ Date: _____

Return to:

Catholic Foundation of Southern Minnesota
PO Box 30098
Winona, MN 55987

For Office Use Only:

Date Received: