

CATHOLIC DIOCESE OF LEXINGTON DEPOSIT & LOAN ACCOUNT

DEPOSIT/WITHDRAWAL

CHURCH/SCHOOL _____ **DATE** _____

CITY _____ **CK. #** _____

CURRENT EMAIL ADDRESS _____

TRANSACTIONED BY _____

ACCOUNT NUMBER _____

DEPOSIT _____

(ATTN: NANCY BAILEY)

WITHDRAWAL _____

(ATTN: LINDA TRUE)

SEND TO: CATHOLIC CENTER, 1310 W. MAIN, LEXINGTON, KY 40508
FOR OFFICE USE ONLY

RECEIVED _____

POSTED _____

HARD COPY _____

E-MAILED _____

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