

CATHOLIC DIOCESE OF LEXINGTON LOAN ACCOUNT

LOAN PAYMENT

CHURCH/SCHOOL _____ **DATE** _____

CITY _____ **CK. #** _____

CURRENT EMAIL ADDRESS _____

TRANSACTIONED BY _____

ACCOUNT NUMBER _____

PAYMENT _____

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

RECEIVED _____ **POSTED** _____

HARD COPY _____ **E-MAILED** _____

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