

Extra Mile Program School - RE / CCD Participation Form

HCA Coordinator / Diocesan Director _____

Address _____

Total Amount Collected \$ (Arch)Diocese _____

School or RE/CCD Program & Address	Total Collected
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	
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20. _____	