

Date:

ANNUAL REPO For period January 1, 20_	PRT ON TWINNING to December 31, 20
DONOR Conference/ Council: City/Prov/Terr:	RECIPIENT Conference/ Council: City:
Email 1:	Country:
Email 2 (optional):	Email:
SPIRITUALITY Please indicate if there was share a) Intentions b) Masses offered c) Rosa Other forms of shared spirituality:	d spirituality with the twin: ary said at same time d) Via video link
COMMUNICATIONPlease indicate the forms ata)Letters:SentB)Email:Email:Please explain:Email:	nd frequency of communication between the twins: c) Telephone: d) Skype (other)
FINANCIAL SUPPORT:	
Total financial support during this period for TWIN	JNING: \$
TWINNING FUNDS used for:	
Food Health Clothing Education	Housing Disaster relief Members Formation Other*
*Description:	
Total financial support during this period for PROJ Ongoing (renewable) In process Please describe:	
COMMENTS/TESTIMONIALS:	

 Submitted by (print):
 Position:

 NOTE: Please complete the form by February 28 and forward to your Regional Twinning Coordinator:

 BC & Yukon Regional Council
 Donna Thompson
 dthomps@shaw.ca
 250-656-2064

 Western & NWT Regional Council
 Data Pidhirney
 cathy@blackdoor.ca
 780-465-1101

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