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Wi	thdrawal	from Restricte	d Parish Tr	ist Account	
Date:					
Parish:					
Amount to be	withdrawn:				
Purpose of wit	hdrawal:				_
Authorized Sig	gnatures:				
				Fund of the Diocese of sh and the Diocese of	
Treasurer, Dio	cese of Edmo	nton	<u> </u>	Cheque Number	