

CATHOLIC BUSINESS OWNERS ALLIANCE

Diocese of Allentown

PASTOR'S RECOMMENDATION

To Be Completed by the Member:

Name: _____

Address: _____

Parish Membership: _____

To Be Completed by Pastor:

Is he/she an active parishioner in your parish? (Yes/No) _____

Is he/she a registered parishioner of this parish and in good standing? (Yes/No) _____

Please feel free to offer any comments:

Do you recommend this parishioner to be a member of the Diocesan Catholic Business Owner Alliance? (Yes/No) _____

If not, please indicate your reasons:

Date: _____ Name of Parish: _____

Address: _____

(Signature of Pastor)



Please return this form to:

Diocese of Allentown
Office of Temporal Affairs
Attn. Catholic Business Owners Alliance
PO Box F
Allentown, PA 18101-1043



*Questions: Please contact Judith Stewart at 610-871-5200 Ext. 240 or
jstewart@allentowndiocese.org*