



**DIOCESE PITTSBURGH
FORM FOR ORGANIZATIONS SEEKING FUNDING SUPPORT
FROM CATHOLIC PARISHES/SCHOOLS/INSTITUTIONS**

Organization Name: _____

Contact Person: _____ **Title:** _____

Phone Number: (_____) _____ **Fax number:** (_____) _____

E-mail: _____

Web address of local organization: _____

Web address of national/parent organization: _____

Federal Taxpayer Identification Number: _____

Organization Address: _____

City _____ **State** _____ **Zip** _____

Nature of organization or mission statement:

_____ school/parish has been approached to participate in a fund-raising activity for your organization. In order to preserve faithfulness to the teachings of the Catholic Church, our school/parish/institution in conjunction with the Diocese of _____ will not provide material support to any organization whose policies and practices promote objectives that are in conflict with fundamental moral teachings and doctrine of the Roman Catholic Church. Therefore, we are asking you to provide some basic demographic information about your organization as well as detailed information on the policies of your organization and the policies of any national or parent organization with which your organization is affiliated (please provide written support documentation when appropriate).

Does your organization (or the national or parent organization with which it is affiliated) either directly or indirectly: (Check the blank in front of your answer.)

1. ___ Yes ___ No **Support, promote or fund the practice of surgical or chemical abortion?**

2. ___ Yes ___ No **Support, promote or fund the practice of the destruction of human embryos to extract embryonic stem cells or the practice of embryonic stem cell research?**

3. ___ Yes ___ No **Support, promote or fund the practice of human cloning?**

4. ___ Yes ___ No **Support, promote or fund the use or distribution of artificial contraceptives including so-called emergency contraception?**
5. ___ Yes ___ No **Support, promote or fund pornography?**
6. ___ Yes ___ No **Support, promote or fund assisted suicide or euthanasia practices?**
7. ___ Yes ___ No **Support or promote same sex marriage or civil unions?**

NAME AND TITLE OF PERSON COMPLETING THE FORM (Please print)

SIGNATURE OF THE PERSON COMPLETING THE FORM

DATE