

## Community Service Deposit Slip

Name \_\_\_\_\_ Date of Service \_\_\_\_\_ Grade \_\_\_\_\_ # of Hours \_\_\_\_\_

Name of Company/Person Served \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Person \_\_\_\_\_

Comments:

Please return to student or Mail to: SS. Peter & Paul Faith Formation Center  
317 Baldie Street, Ionia, MI 48846

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