FIRST TIME VISITOR ❑ OR CHANGE OF ADDRESS/PHONE ❑

Check One: Mr. ❑ Miss ❑ Mrs. ❑ Marital Status: M ❑ / S ❑

Last Name

First Name

Street Address

City

State

Zip Code

Phone

Month

Day

Year

Tithe/Offering..... $ _____

Missions..... $ _____

Seed Offering..... $ _____

Benevolence..... $ _____

Other (Please Specify)..... $ _____

Date: _____

Name: _____ TOTAL ENCLOSED $ _____

We sincerely appreciate your financial support. The Board of trustees reserves the right to redirect all funds to the area of church ministry most needed.