

# Contribution Form Instructions



## Preferred Method

1. Open all envelopes and match the amount enclosed with the gift information provided on the envelope. Correct any discrepancies.
2. Record all donor gift information as shown in the sample.
3. Summarize the totals in the "Gift Amount" column and "Cash Received" column.
4. Write one check to: **UMC-Imagine No Malaria** to cover all cash donations. It should reflect the amount in the "Cash Received" column.

CONGREGATION RECORD OF CONTRIBUTION Please Print or Type				
				REPORT # _____
				PAGE _____ OF _____
Congregation Name <u>Anywhere United Methodist Church</u> Conference <u>Southwest Texas Annual Conference</u>				
Prepared By: <u>John Rogers</u>			Date Prepared: <u>September 25, 2009</u>	
Daytime Phone: <u>(123) 456-7890</u>		Fax: <u>(876) 543-2109</u>	E-mail: <u>jrogers@aumc.org</u>	
A	B	C	D	E
DONOR INFORMATION NAME, ADDRESS, CITY, STATE, ZIP CODE	TOTAL GIFT/ PLEDGE (\$)	PAYMENT (\$)	PAYMENT SCHEDULE	SPECIAL INSTRUCTIONS
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Billing <input type="checkbox"/> Other Mr. Phil Anthropy 1234 Main Street Anywhere, TX 12345 <small>*Name as you would like it to appear in campaign recognition materials, if different than above.</small> Mr. Phil Anthropy	\$100	\$100	<input checked="" type="checkbox"/> One-Time Gift <input type="checkbox"/> Year Pledge (3-5) Remitted: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Anonymous
<input checked="" type="checkbox"/> Home <input type="checkbox"/> Billing <input type="checkbox"/> Other Mrs. Susan Jones 5678 9th Ave Anywhere, TX 12345 <small>*Name as you would like it to appear in campaign recognition materials, if different than above.</small> NA	\$1,000	\$100	<input type="checkbox"/> One-Time Gift <input checked="" type="checkbox"/> 3-Year Pledge (3-5) Remitted: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annually	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Anonymous
<input type="checkbox"/> Home <input checked="" type="checkbox"/> Billing <input type="checkbox"/> Other Anywhere UMC 9876 Main Street Anywhere, TX 12345 <small>*Name as you would like it to appear in campaign recognition materials, if different than above.</small> Anywhere United Methodist Church	\$2,000	\$2,000	<input checked="" type="checkbox"/> One-Time Gift <input type="checkbox"/> Year Pledge (3-5) Remitted: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Anonymous

5. Return the opened gift envelopes, a copy of the record of contribution and the check to cover the amount raised in cash to:
 

**UMC – Imagine No Malaria**  
P.O. Box 440544  
Nashville, TN 37244.
6. The pastor will receive an acknowledgement verifying the amount received.

We strongly encourage this method for submitting gifts to ensure accurate recording and reporting of contributions. To quickly expedite this process, please avoid submitting handwritten names and addresses.

## Alternate Method

1. Open all envelopes and match the amount enclosed with the gift information provided on the envelope.
2. Clarify on the envelope any names and addresses that may be difficult to read or are incomplete.
3. Write one check payable to **UMC – Imagine No Malaria** to cover all cash contributions.
4. Return all gift envelopes along with the check to cover the amount raised in cash to address indicated above.

## Pledge Gifts

Donors making pledged gifts will receive payment reminders directly from Imagine No Malaria.