



CHURCH RECORD OF CONTRIBUTION
Please Print or Type

REPORT # _____
PAGE _____ OF _____

Congregation Name _____ Conference _____

Prepared By _____ Date Prepared _____

Daytime Phone _____ Fax _____ E-mail _____

A	B	C	D	E
DONOR INFORMATION NAME, ADDRESS, CITY, STATE, ZIP CODE	TOTAL GIFT/ PLEDGE (\$)	PAYMENT (\$)	PAYMENT SCHEDULE	SPECIAL INSTRUCTIONS
<input type="checkbox"/> Home <input type="checkbox"/> Billing <input type="checkbox"/> Other <hr/> Name as you would like it to appear in campaign recognition materials, if different than above:			<input type="checkbox"/> One-Time Gift _____ Year Pledge (3- 5) Remitted: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Public <input type="checkbox"/> Anonymous
<input type="checkbox"/> Home <input type="checkbox"/> Billing <input type="checkbox"/> Other <hr/> Name as you would like it to appear in campaign recognition materials, if different than above:			<input type="checkbox"/> One-Time Gift _____ Year Pledge (3- 5) Remitted: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> Public <input type="checkbox"/> Anonymous
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	F	G	H
	TOTAL # OF GIFTS	TOTAL PLEDGES (\$)	TOTAL PAYMENTS (\$)
TOTALS THIS PAGE ONLY			
TOTALS THIS REPORT			

Please forward this form along with all documentation to:
UMC – Imagine No Malaria P.O. Box 440544, Nashville, TN 37244 (Toll Free: 866-521-1179)
 Please keep a copy of this form and gift envelopes as your congregation’s permanent financial record.

CHURCH NAME _____
 PREPARED BY _____

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