DONATION FORM

Date: _____

Name of Donor(s):_____

Donation being made in:

Honor of: _____

Memory of: _____

Other/General Budget: _____

Amount of donation: _____

Donation being used for:

____ Memorial Acct. ____ Perpetual Fund

Church Approved Projects (below)

___Stained Glass Window Repair ___Parking Lot ___2nd Boiler ___Sudan ___Projection System

Budgetary Needs:

____ Benevolence/Mission
____ Buildings and Grounds
____ Care Ministry
____ Christian Adult Education
____ Christian Youth & Family
____ Congregational Life
____ Evangelism
____ Office
____ Stewardship
____ TV Ministry
____ WELC
____ Worship/Music

If donated monies are designated to a specific project, and that project is fully funded; the Lutheran Church of Peace has my permission yo use remaining money for another project or need.

_____ Yes **____ No**

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Donor Information:

Signature: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____