

Contribution Form Please Print

Date:		
Church/Individu	ıal Name:	
Mailing Address	S:	
City:		State:
Zip: I	Phone:	-
Email:		
Pastor's Name:		
Treasurer's Nam	ne:	
	Operating Budget Impact North Texas Offering Other Designated	\$ \$ \$
	Total	\$

Thank you for your support!