SELECT PAYMENT OPTION

☐ CHECK

☐ RECORD CHARITABLE CONTRIBUTION

DATE _____

NAME _____

ADDRESS _____

CITY/ST/ZIP _____

PLEASE ATTACH COPY OF RECEIPTS OR INVOICES FOR THE EXPENSES LISTED BELOW.

MINISTRY LEADERSHIP MUST SIGN FORM FOR CHECK PAYMENT.

DESCRIPTION OF EXPENSE	MINISTRY	AMOUNT
	TOTAL	

LEADERSHIP SIGNATURE _____