

IN-KIND DONATIONS

Immanuel Presbyterian Church

Date: _____

DONOR:

NAME: _____

ADDRESS: _____

Phone: _____

Please note that services are not a tax deductible contribution

Do you wish credit on your Member Statement for Items donated? Yes _____ No _____

Team Ministry/Project Benefiting from this Donation _____

Vendor:	Item/Service Purchased:	Purpose:	Amount	A/C#
TOTAL			\$	

Attach appropriate receipts/backup to support this Donation.

Person Submitting This Request:

Name: _____ Date: _____

Authorization by Session Team Leader:

Name: _____ Date: _____