

# Non profit Church Donation Form

## Church Details

Church Name: \_\_\_\_\_

EIN (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Donor Information

Donor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## Donation Information

Donation Type	Amount	Date of Donation	Method
Tithes & Offerings			<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Card
Building Fund			<input type="checkbox"/> Bank Transfer
Missionary Support			<input type="checkbox"/> Online Payment
Community Aid			<input type="checkbox"/> In-Kind

**Donor Authorization**

I confirm that this donation is made voluntarily and is not in exchange for goods or services.

**Donor Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Church Representative:** \_\_\_\_\_

**Signature:** \_\_\_\_\_