

ITOP Request Form

Charitable Contribution for 2014

Please place your form in the offering reciprocals

Your statement will be mailed or emailed to you. Thank you.
Finance Department

Name (s):	<u>Please Print</u>
If married, spouse's name	
Address:	
City:	
State:	
ZIP Code:	
Phone Number:	
Email address:	
Type of donation	Financial
Signature of Requester:	<hr style="border: 0.5px solid black;"/> Please sign

Thank you for your generosity. We appreciate your support!

For Office Use Only: Date mailed: _____ Mailed by: _____