Zion Hill Finance Committee

2017 CONTRIBUTION REQUEST FORM

Zion Hill Missionary Baptist Church

To obtain your **2017** contribution report, please complete the following information. Be sure to include all information, any hyphenated names, new name if married and address changes. This will allow us to provide the correct financial information.

Date Requested_____

NAME: _____

First Middle Initial Last

MAIDEN
NAME:_____

First Middle Initial Last

ADDRESS:_____

PREVIOUS
ADDRESS_____

Complete ONLY if address is New

PHONE: ( ) _____

Area Code

Please indicate one of the following:

_____ I will pick up at the 8:00A.M. Service
_____ I Will Pick up at the 11:00 A.M. Service
_____ Please deliver statement to me by U.S. Mail

Statements are available upon requests.

OFFICE USE ONLY

Date Received _____
Date Processed _____

Zion Hill Finance Committee

2017 CONTRIBUTION REQUEST FORM

Zion Hill Missionary Baptist Church

To obtain your **2017** contribution report, please complete the following information. Be sure to include all information, any hyphenated names, new name if married and address changes. This will allow us to provide the correct financial information.

Date Requested:_____

NAME: _____

First Middle Initial Last

MAIDEN
NAME:_____

First Middle Initial Last

ADDRESS:_____

PREVIOUS
ADDRESS_____

Complete ONLY if address is New

PHONE: ( ) _____

Area Code

Please indicate one of the following:

_____ I will pick up at the 8:00A.M. Service
_____ I Will Pick up at the 11:00 A.M. Service
_____ Please deliver statement to me by U.S. Mail

Statements are available upon requests.

OFFICE USE ONLY

Date Received _____
Date Processed _____