

Zion Hill Finance Committee
2025 CONTRIBUTION REQUEST FORM
Zion Hill Missionary Baptist Church



To obtain your 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 from the church office (585)328-4660
☐ I will pick up at 10:45am Worship Service
☐ Please deliver statement to me by U.S. Mail

Statements are available upon requests.

OFFICE USE ONLY	
Date Received	_____
Date Processed	_____

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