



## DONATION FORM

### Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

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

### Donation Information

**Please do not send cash in the mail.**

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

Tithes: \$ \_\_\_\_\_

Check  Money Order

Church Ministries: \$ \_\_\_\_\_

Check  Money Order

Haiti Relief Efforts : \$ \_\_\_\_\_

Check  Money Order

**Send your Donations to the following address:**

Apostolic Assembly  
PO Box 639  
Palo Alto, CA 94302-0639

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#### OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Enter into Accounting Database: \_\_\_\_\_

Date Check, Bank Cleared: \_\_\_\_\_