



MIDWEST MISSION
DISTRIBUTION CENTER

AC2020 Mission Challenge DONATION FORM

Please make sure boxes and bags are labeled with Donor Name

Date: _____

Collection Site: _____

Donation is being made from:

PLEASE PRINT

Church/Organization Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		
Email Address:		

Individual Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		
Email Address:		

Item(s)	Quantity	No. of Boxes	Weight

Notes:

For office use only:

Date entered into inventory:	By:
Date Receipt/Thank you prepared:	By: