



**MIDWEST MISSION**  
DISTRIBUTION CENTER

## AC2020 Mission Challenge MONETARY DONATION FORM

*Please make sure each individual donor completes a form for monetary donations.*

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

Collection Site: \_\_\_\_\_

Donation is being made from:

**PLEASE PRINT**

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

<b>Individual Name:</b>		
Address:		
City:	State:	Zip Code:
Phone Number:		
Email Address:		

Form of Payment (Cash/Check)	Amount

Notes:

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*For office use only:*

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