

ARDMORE UNITED METHODIST CHURCH

Donation Confirmation

**Complete the following information and attach any receipts to this form.
Submit the completed form to the church Treasurer for signature, and the
signed form will be returned to you for your records.**

Donor Information

Member # (optional): _____

Name: _____

Address: _____

Telephone: _____

Email: _____

Description of Donation: _____

Value of Donation: _____

Date of Donation: _____

Yes, I have attached a receipt: _____

Signature of Church Official

Date