

GIFT BY RECEIPT

DATE: _____

NAME: _____

TOTAL AMOUNT THIS GIFT: _____

PURPOSE OF GIFT: _____

Return to: Folder for Financial Secretary (found in drawer of 2nd cabinet under mailboxes)

PLEASE MAKE SURE A RECEIPT IS ATTACHED.

Advent Lutheran Church
8840 University City Blvd.
Charlotte, NC 28213
Phone: 704-549-1555
Website: www.adventlu.org

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