IMMANUEL UNITED CHURCH OF CHRIST
118 Oak Street
Neenah, WI 54956-3034 Date _____

MATERIAL DONATION FORM – FUND # 51

Donation by _____ Envelope Number: _____

Address _____

_____

RECEIPT DATE	PROVIDER	BUDGET LINE	DESCRIPTION	COST
Credit Account # 01-4620-000				
Expense/Debit Account #				

*Note: No goods or services were provided by the church in return for this contribution:

Requested by _____ GRAND TOTAL $ _____

Approved by _____ Receipt Attached ___ Yes ___ No

Date: _____ Date: _____

4 **copies**: Two to Financial Secretary, one copy to Donor and one to Treasurer. March 2014