

FREEDOM TEMPLE MINISTRIES, INC.

2015 Contribution Request

FEEL FREE TO PLACE COMPLETED FORM IN OFFERING BASKET

Name: _____ Contact # _____

PLEASE PRINT

Also Know As/Maiden Name: _____

Family Request:

Single Request:

If family request, please list name (s) _____

Signature: _____ Date: _____

- Do you want your request mailed? YES () NO ()
- Will you pick up request during business hours? YES () NO ()

PLEASE PRINT / Name & Address:

_____ Apt # _____

Please allow 5 business days from the date of signature for request to be completed. Requests will be available at the front desk during business hours only. Monday-Friday between 9:30am and 4:30pm or email your request to Churise Turner cturner@freedomtempleministries.org **PLEASE NOTE: Contribution forms are NOT AVAILABLE FOR SUNDAYS PICK UP!**

Completed By: _____ Date: _____