



INTERNATIONAL CENTRAL GOSPEL CHURCH
DOMINION TEMPLE FORM

Request an Annual Donations Statement

Fill form with clear prints.

Last Name: _____

First Name: _____

Date of Birth: _____

Street Address: _____

Apt #: _____

City: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Which year's donations statement are you requesting? _____

Will you like the statement sent via Email: Yes No (tick applicable box)

If no, state how you will want to receive it: _____

If by Mail, provide Mailing Address Below:

| |
|--|
| |
|--|

Are you and your spouse giving combined: Yes No (tick applicable box)

If yes, provide spouse's name: _____

Office use only

Responding Officer's Signature: _____

Date(mm/dd/yy): _____