BETHANY UNITED METHODIST CHURCH
GIFTS and MEMORIALS

Date ________________

______ **Donor Name** ____ Phone________________

Address ____
Street City State Zip

Amount of Gift __________ ___ Cash ___ Check ___ Stock ** ___ Other **

(** Details of Stock or Other: ____)

* *

Gift is ( ) in Honor of ( ) in Memory of ( ) in Celebration of

____
Name(s)

______ Send **Notice Card** to ____

____
Street

____
City State Zip

* *

Designation of Gift: ___ General Ministry of the Church ___ Specific Purpose

____
Specific Project Name

If the gift is restricted to a specific purpose, can the remainder be used for the general ministry of the church after that purpose is fulfilled? _____ **Yes** _____ **No**

Signature of **Donor** ____

Signature of **Church Representative** Receiving Gift ______________________________

Signature of **Trustees Representative** ____

2/2/04