

ATTN: Contribution Information Request
Member and Statistical Records Department FL 13 50 E North Temple St Salt Lake City UT 84150-5300 Fax: 801-240-1198

Complete the Donor Identification Section and Donor Contribution Section below and sign the request.								
Donor Identification Section								
Donor's Full Legal Name Birth Date				Spouse's Given Name		Birth Date		
Donor's Current Address (This will be where contribution information is sent.)						To Be Mailed or Picked Up  Mail Pickup Date/Time:		
City, State, and Postal Code						Type of Identification, if Requesting in Person		
Name of Donor's Current Ward or Branch Name of Dono				ake or District	Donor's Phone Number			
Donor's Signature (This authorizes release of contribution information.) Spouse must also sign if donations were made separately or in spouse's own name.  SIGN HERE								
Donor Contribution Section								
In the columns below identify the year(s), the ward or branch, and information is requested. Church headquarters will complete the "				the stake or district for which contribution office use only" columns.		Shaded Area Below for Office Use Only		
Year(s) Requested	Complete Name of Ward or Branch		Complete Name of Stake or District		Tithing	Total Donations		
						3/98	3. Printed in the USA. 30388	