



FAMILY OF FAITH CHRISTIAN CENTER

# ANNUAL CONTRIBUTION STATEMENT REQUEST FORM

Annual Contribution Statements are distributed upon request.  
To request your statement, please complete the information below.

You may have it returned to you in the following manner:  
email, mail or pick up at the church.

**PLEASE COMPLETE ENTIRE FORM & PLEASE PRINT LEGIBLY**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
(ONLY Married Couples Choosing Joint Statements)

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I elect to have my statement:**

(Please Choose One)

Mailed: \_\_\_\_\_

Emailed: \_\_\_\_\_

Pick up: \_\_\_\_\_

**I am choosing my statement as an:**

(Please Choose One)

Individual: \_\_\_\_\_

Married Couple: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature