



Working To Save The Lost And Disciple The Saved.

435 S. Ellison Drive, San Antonio, TX 78245 • 210-509-4024

CONTRIBUTION REQUEST FORM

Please complete this form (**Please PRINT legibly**). Fax or mail this form to the attention of Gwen Edwards at fax: 210-509-6322; or True Vine Baptist Church, 435 S Ellison Dr, San Antonio, TX 78245-1057; **or** in the box at the Information Desk (Bldg 2). Forms are also available on the web site www.truevinesa.org. Statements provided by request only!!!

Name _____
First Middle Initial Last Name

Spouse's Name _____
First Middle Initial Last Name

Other names or initials used _____

Current Address _____ Apt # _____

City _____ **State** _____ **Zip Code** _____

Email Address _____

Please list a number where we can reach you if there is a question:

Phone Number (____) _____ - _____

Please select the method you would like your statement forwarded to you.

Please select one:

____ E-mail my contribution statement to the email address listed above. **OR**

____ Mail my contribution statement to the current address listed above. **OR**

____ Fax my contribution statement to this fax number (____) _____.

I authorize the release of my contribution statement through the above indicated means.

Signature Date