Contribution Information Request

THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

Return this request to: ATTN: CONTRIBUTION INFORMATION REQUEST FINANCE AND RECORDS DEPARTMENT 120 NORTH 200 WEST SALT LAKE CITY UT 84103 Fax: 1-801-240-1565 gscmluchq@ldschurch.org

Complete the "Donor Information" and "Contribution Information" sections below, and then sign this request.

Donor Information						
Donor's full legal name		Donor's birth date	Spouse's given name		Spouse's birth date	
Current address (whe	ere contribution information will be sent; must match	address on membershi	p record)			
City		State		Posta	Postal code	
Current ward or branch		Current stake or district		Phor	Phone (with area code)	
Preferred delivery me	thod ☐ Pickup Pickup date and time:			Type of identification if	requested in person	
	match e-mail address on membership record)		Additional name(s), if any, used at the time of contribution(s)		
	ation Indicate ward or branch where contributions					
Please contact the past 3 years	ne ward(s) or branch(es) where you mac for the U.S. and Puerto Rico; past 5 year	le your contribution rs for Canada). For	is for current stat other prior years	ements (that is, for s, please complete	r contributions made in the information below.	
Year(s) requested Complete name of ward or bra		nch	C	omplete name of stake	e or district	

Signatures The donor's signature authorizes the release of the contribution information. The donor's spouse must also sign if donations were made separately or in the						
spouse's own name.						
Donor's signature	Date					

Donor's signature

Spouse's signature

Date