

FWBC GIVING FORM

Please print off, fill in giving information, and attach to your check.



☐ Member ☐ Guest ☐ Update my information

Member No. _____

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone No.: _____

Tithes/Offerings

Tithes \$ _____

Offerings \$ _____

Mercy \$ _____

Missions \$ _____

Building \$ _____

Designated _____

\$ _____

Designated _____

\$ _____

Total \$ _____

Check No.: _____

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