

DONOR INFORMATION CARD

Donor Name: _____

Donor Address: _____

Donor Phone: _____ / E-mail: _____

Do you wish for this donation to be anonymous? _____

To which mission are you donating? _____

In honor of: _____

Instructions:

- Please make checks payable to Port City Community Church (PC3)*
- Please do not write names of team members on your check
- Please complete and submit this form with your donation
- You may mail your donation to Port City Community Church; 250 Vision Dr.; Wilmington, NC 28403
- *NOTE: the last 2 responses may be pre-entered by a team member*
-

*All contributions made to PC3 will be used at the discretion of this organization to ensure that they are used to carry out its functions and purposes.

DONOR INFORMATION CARD

Donor Name: _____

Donor Address: _____

Donor Phone: _____ / E-mail: _____

Do you wish for this donation to be anonymous? _____

To which mission are you donating? _____

In honor of: _____

Instructions:

- Please make checks payable to Port City Community Church
- Please do not write names of team members on your check
- Please complete and submit this form with your donation
- You may mail your donation to Port City Community Church; 250 Vision Dr.; Wilmington, NC 28403
- *NOTE: the last 2 responses may be pre-entered by a team member*

*All contributions made to PC3 will be used at the discretion of this organization to ensure that they are used to carry out its functions and purposes.