

Country Cookin Cares

DONATION FORM

Church Name: _____

Contact Name: _____

Church Address: _____

City _____ State _____ Zip Code _____

Phone Number: (_____) _____

Our total pretax receipts total: _____

Our 10% pretax donation amount is: _____

Our receipts are enclosed.

Please make check payable to: _____

Preparer's Signature: _____