



# Donation Request

## Furniture Request Form

Date \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Home & cell phone numbers \_\_\_\_\_

Email \_\_\_\_\_

Children's names/ages \_\_\_\_\_

**What furniture are you looking for?** \_\_\_\_\_

\_\_\_\_\_

Would you like to confidentially meet with our Pastor who may ask other and personal financial questions?     Yes     No

Would you like to receive our bi-weekly newsletter?     Yes     No  
Please circle one:        Email        Mail

How did you hear about us?

I give my permission to have the appropriate church personnel validate any of the above information.

Signature \_\_\_\_\_        Print Name \_\_\_\_\_



**First Christian Church  
Disciples of Christ**

201 West Third  
660.214.3414

Sunday School 9 am  
Sunday Worship 10:30 am

For Office Use only:

Date form processed: \_\_\_\_\_

Notes: \_\_\_\_\_

Time of pick up:

- 1<sup>st</sup> Saturday 8-10:30 am
- 3<sup>rd</sup> Thursday 5-7:30 pm
- By appointment: \_\_\_\_\_

Restrictions/Requirements: \_\_\_\_\_

Staff/Volunteer Initials \_\_\_\_\_

Pastor Initials \_\_\_\_\_