

Contribution Information Request

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

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Complete the "D	onor Information" and "Contribution Informa	tion" sections be	low, and then sig	n this request.	
Donor Information			1		le contraction de la contracti
Donor's full legal name		Donor's birth date	Spouse's given n	ame	Spouse's birth date
Current address (wh	nere contribution information will be sent; must match ac	l ddress on membershi	p record)		
City		State			Postal code
Current ward or branch		Current stake or district			Phone (with area code)
Preferred delivery m ☐ E-mail ☐ Mail	ethod Pickup Pickup date and time:			Type of identificat	ion if requested in person
E-mail address (mus	st match e-mail address on membership record)		Additional name(s), if any, used at th	ne time of contribution(s)
Contribution Inform	nation Indicate ward or branch where contributions we	ere made.			
Please contact t in the past 3 yea Canada, we car	the ward(s) or branch(es) where you made ars for the U.S. and Puerto Rico; past 5 yea n research only 6 total years plus the curren	your contributior rs for Canada). F it year—for exam	ns for current stated For prior years be aple, 2007–2013.	tements (that is eyond 3 years f	s, for contributions made or the U.S. and 5 years for
Year(s) requested	Complete name of ward or branch	Complete name of stake or district			
Signatures The dor spouse's own name.	I nor's signature authorizes the release of the contribution	information. The don	or's spouse must also	sign if donations	were made separately or in the
Donor's signature				Date	
Spouse's signature					Date