THE CHURCH OF
JESUS CHRIST
OF LATTER-DAY SAINTS

# Contribution Information Request

**Confidential**

Return this request to:

ATTN: CONTRIBUTION INFORMATION REQUEST
FINANCE AND RECORDS DEPARTMENT
50 E NORTH TEMPLE ST
SALT LAKE CITY UT 84150-0019

Fax: 1-801-240-1565

Print Form | Reset Form

Complete the "Donor Information" and "Contribution Information" sections below, and sign this request.

**Donor Information**

| Donor's full legal name | Donor's birth date | Spouse's given name | Spouse's birth date |
|---|---|---|---|
| | | | |

Current address (where contribution information will be sent)

| City | State | Postal code |
|---|---|---|
| | | |

| Current ward or branch | Current stake or district | Phone (with area code) |
|---|---|---|
| | | |

**Contribution Information**

In the columns below, identify the year(s), the ward or branch, and the stake or district for which contribution information is requested.

| Year(s) requested | Complete name of ward or branch | Complete name of stake or district | For Church headquarters use only: Tithing | Total donations |
|---|---|---|---|---|
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**Signatures** The donor's signature authorizes the release of the contribution information. The donor's spouse must also sign if donations were made separately or in the spouse's own name.

| Donor's signature | Date |
|---|---|
| | |

| Spouse's signature | Date |
|---|---|
| | |

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