

**St. Mark's Lutheran Church
Un-reimbursed Donation Form**

Date of Purchase _____

Item (s) purchased _____

Purpose _____

Person who made purchase _____

(Please print)

Amount \$ _____

Credit me with an un-reimbursed donation yes

Signature _____ **Date** _____

Notes:

1. Provide copy to church secretary if being delivered to church by others.
2. Attach receipt and put in Financial Secretary In-box.