

**REQUEST TO DONATE ITEM(S) TO
TRINITY UNITED METHODIST CHURCH**

Name of contributor _____

Email address _____

Phone number _____

Item(s) to be donated (if helpful attach a picture)

Necessary maintenance or upkeep required

Suggested use/purpose _____

Location intended for item(s) _____

FOR TRUSTEES USE ONLY

ACCEPTED ☐ DECLINED ☐

Trinity Trustees

_____ Chairman ____/____/____