

**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)**

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**Necessary maintenance or upkeep required**

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**Suggested use/purpose** \_\_\_\_\_

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**Location intended for item(s)** \_\_\_\_\_

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**FOR TRUSTEES USE ONLY**

**ACCEPTED**  **DECLINED**

**Trinity Trustees**

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**Chairman** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_