



DONATIONS

GSAE GIVING FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Giving Information:

GSAE General Ministry \$ _____

Other* \$ _____

*By contributing to any ministry or project of the GSAE, donors acknowledge that the GSAE has full authority to apply donations to other projects or purposes in the event that needs unexpectedly change.

TOTAL \$ _____

MAKE CHECKS PAYABLE TO:

GSAE
PO Box 14379
Spokane Valley, WA 99214

THANK YOU FOR YOUR SUPPORT!!

