Bethesda Christian Church

New Contribution Account Form

❑ Mr ❑ Mrs ❑ Miss ❑ Ms

_____

(Last Name) (First Name) (Middle Initial)

_____

(Street Address) (Apartment No.)

_____

(City) (State/Province) (Zip Code)

Home Phone: (_____)_____ Work Phone: (_____)_____

Birthday: |_____|_____| |_____|_____| |_____|_____|
(Month) (Day) (Year)

Anniversary: |_____|_____| |_____|_____| |_____|_____|
(Month) (Day) (Year)

Marital Status: ❑ Single
❑ Married
❑ Widowed
❑ Divorced
❑ Separated

If Married, will this contribution account be a joint account? ❑ Yes ❑ No

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Spouse's Information (If applicable)

❑ Mr. ❑ Mrs.

_____

(Last Name) (First Name) (Middle Initial)

Home Phone: (_____)_____ Work Phone: (_____)_____

Birthday: |_____|_____| |_____|_____| |_____|_____|

Information of children living at home (use reverse side for more space)

Full Name(s): Birthdate(s):

_____ |_____|_____| |_____|_____| |_____|_____|
(Month) (Day) (Year)

_____ |_____|_____| |_____|_____| |_____|_____|
(Month) (Day) (Year)

_____ |_____|_____| |_____|_____| |_____|_____|
(Month) (Day) (Year)

Office Use Only: Member Number: _____

Tithe Number: _____

Bethesda Christian Church

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