



Donation Form

Salutation ___ Mr. ___ Ms. ___ Mrs. ___ Mx. ___ Dr.

Name _____

Email _____

Phone _____

Address _____

Church _____

In the field next to the fund, enter the amount you wish to donate. To donate to an area or need that is not listed, use "Other" and describe the area.

Hunger Ministry/5 Cents a Meal \$ _____

POJ Pastoral Care Fund \$ _____

Presbyterian Disaster Assistance \$ _____

Other (explain below) \$ _____

Total \$ _____

Please make checks payable to Presbytery of the James and mail with completed form to:

Presbytery of the James
3218 Chamberlayne Ave.
Richmond, VA 23227

We will mail an acknowledgement of your gift within 5 business days.

We appreciate your support of your presbytery.