

# GIFT WORKSHEET

Grace Lutheran Church

918 Garfield Avenue

PHONE: 507-373-6496 , EMAIL: treasurer@gracealbertlea.org

WEBSITE: www.gracealbertlea.org

TAX ID#: 41-0773788

Date: \_\_\_\_\_

Donor Name(s): \_\_\_\_\_

Gift Amount: \$ \_\_\_\_\_

Gift Type: \_\_\_\_\_

Gift Use:  Restricted  Unrestricted  
 Restriction Release Form

Donor Restriction: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Gift Status:  Rejected  
 Accepted

Reason for Rejection: \_\_\_\_\_  
 Donor Contact By: \_\_\_\_\_  
 Date: \_\_\_\_\_

1.	TITHE: Mission Giving Fund	( 10 % )	\$
2.	RESERVE: General Fund		\$
3.	ENDOWMENT:		\$
4.	OTHER		\$
5.			\$
6.			\$
7.			\$
8.			\$
9.			\$
10.			\$
TOTAL:			\$

<input type="checkbox"/> Thankyou Letter Sent	<input type="checkbox"/> Decline Letter Sent
Congregation Council Approval: _____	Date: _____
Gift Distribution Completed By: _____	Date: _____