

CVLC SCRIP FUNDS TRANSFER

Non-tax deductible

DATE: _____

Below is authorization to transfer funds from SCRIP Account to CVLC Account for:

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> WAPO | <input type="checkbox"/> Women's Retreat | <input type="checkbox"/> VBS |
| <input type="checkbox"/> Choir Retreat | <input type="checkbox"/> DR Mission Trip | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Men's Retreat | <input type="checkbox"/> Tanzania Mission Trip | |

AMOUNT: _____

Please sign and date below to indicate your acknowledgement of the transfer.

Purchaser's Signature: _____

Printed Name: _____

SCRIP Coordinator Signature

Date Signed