



INTERNATIONAL CENTRAL GOSPEL CHURCH
DOMINION TEMPLE FORM

Request your Tithe & Offering Envelope

Fill form with clear prints. Form must be filled By Head of Family.

Family Name: _____

First Name: _____

Date of Birth (mm/dd/yy): _____

Street Address: _____

Apt #: _____

City: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Do you have an assigned envelope #: Yes No (tick applicable box)

If yes, then what is the #?: _____

Will you pick it up at church or we mail it to above address: Pick up Mail

Office use only

Responding Officer's Signature: _____

Date (mm/dd/yy): _____