



# The Mississippi United Methodist Foundation

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## Deposit Form

(Please, Type or Print)

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

**Contact Name:** \_\_\_\_\_

**Contact Phone #:** \_\_\_\_\_ **Contact Email:** \_\_\_\_\_

Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

Account Name: \_\_\_\_\_

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Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

**Comments:** \_\_\_\_\_

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\_\_\_\_\_  
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Please, make checks payable to:

**The Mississippi United Methodist Foundation, Inc.**

If you would like to open a new account; please, call for more information.