



The MBS Food Pantry Donation Form

Please print and mail this form with your donation to:

**Parsippany Christian Church
205 Vail Road
Parsippany, NJ 07054**

Part One: Your information

Full Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

Part Two: Your Donation

Please check one of the following:

___ \$10

___ \$25

___ \$50

___ \$100

___ \$250

___ \$1000

___ \$ Other

Please make checks payable to Parsippany Christian Church.

Your donation is tax deductible. Parsippany Christian Church will provide you with a receipt for your tax records upon request. Please also note that your cancelled check will also serve as your receipt.

