



DISTRIBUTION RECEIPT

	Date:
Congregation:	
Receiving Organization, Address, and Phone:	
Organization's Representative:	
Description of Goods:	
(If gift cards, number of	
cards, and amount per card)	
\$ Value and other notes:	
Signature	Signature
Person Distributing	
Behalf of Congregati	ion Behalf of Congregation

816 South 216th St. #2, Des Moines, WA 98198 | *Mail to:* P.O. Box 13650, Des Moines, WA 98198 1-800-755-7710 | FAX 1-206-870-6839 | www.pnwumc.org

Recipient and congregation must retain a copy, along with any purchase receipts and forward to District Superintendent