

Tabor United Methodist Church Receipt for Services Tax ID:	
Church Organization:	
Payee Name:	
Address:	
City, ST Zip Code:	
Payee SS or EIN # (must be provided)	
Date of Service	Description:
Amount	

----- Detach here -----

Tabor United Methodist Church Receipt for Services Tax ID:	
Church Organization:	
Payee Name:	
Address:	
City, ST Zip Code:	
Payee SS or EIN # (must be provided)	
Date of Service	Description:
Amount	

GIVE ONE (1) COPY TO PAYEE. RETAIN ONE (1) COPY FOR CHURCH TREASURER.