

**PRESBYTERIAN WOMEN OF THE PRESBYTERY OF EASTERN VIRGINIA  
GIFT FORM FOR  
FEED THE CHILDREN OF THE CONGO MINISTRY**

**PERSON GIVING THE GIFT**

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail \_\_\_\_\_

Church: \_\_\_\_\_

Amount of Gift : \_\_\_\_\_ ( check one) One time gift\_\_\_ Per Month \_\_\_\_\_

**IN HONOR OF LOVED ONE**

Occasion: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_