



United Methodist Foundation of West Virginia, Inc.

Deposit Information

Date: _____

Church / Ministry Name: _____

Your Name: _____

Your Office: _____

Your phone number in case of questions: _____

Foundation account to receive deposit:

(Please provide either the account number or name)

Account Number: _____

Account Name: _____

Special instructions: _____

Mailing Address to receive deposit receipt:

Use address on check

Use address listed below

You can mail, fax or email this form to us. Additional forms can be downloaded from our website. This form is NOT REQUIRED for deposits; it is only provided as a convenience. Thank you for including the Foundation in the work of your ministry. If you have questions or if we can help you, please call.

United Methodist Foundation of West Virginia, Inc.

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