



Holy Family Episcopal Church
1590 Cabrillo Highway South, Half Moon Bay, CA 94019
(650) 726-0506, admin@holyfamilyhmb.org
www.holyfamilyhmb.org

PAYMENT OR DONATION REQUEST

Please Print

Date: _____

Pay or Credit to: _____

Mailing Address: _____

Phone number: _____ Email: _____

Total Amount: \$ _____

(Receipts must be attached)

Purpose (event/program): _____

Check one: Holy Family expense only
 Shared ministry expense (split with Good Shepherd)

Check one: Reimburse me for this expense
 Provide a donation receipt/credit giving statement
 Mail payment to vender

If different from payee,
name of person completing form: _____

Contact (phone and/or email): _____

Signature: _____

Receipts must be attached. Please place completed vouchers with attached receipts in the treasurer's folder (at church). For information, contact treasurer@holyfamilyhmb.org.

For Treasurer's Use

Check # _____ Date: _____
Fund or Budget Account: _____