

For AICONS Use Only

AICONS
Application for Church Donation

Church Name _____

Address _____

Pastor _____

Church Phone

Number (____) _____

Church Email _____

Church Tax ID Number _____

Contact Person _____

Contact Phone (____) _____

Contact Email _____

Print name _____

Signature _____

Date _____

By signing this document, you are stating that all information provided is to be true and accurate.

Please print and fill out application and mail to:

AICONS
895 Queen Street
Southington, CT 06489

Any questions, please call 860-302-7675 or email
andrew@aiconsonline.com.

You will be notified by email and mail with your group/organization number.