

Guest at Your Table • Donation Tally Sheet

Complete top section before photocopying so this crucial information is included on every tally sheet you use.

Church _____ UUA church code _____
City _____ State _____ Zip _____
Name _____ Phone () _____ E-mail _____
Position: ☐ Minister ☐ Religious Education Director ☐ Lay Officer ☐ Guest at Your Table Coordinator
☐ Other _____

Complete donor information and indicate all family members requesting UUSC membership.

☐ Head of Household Name _____ Address _____
☐ Secondary Contact Name _____ City _____ State _____
☐ Youth Name(s) _____ Zip _____ Phone () _____
\$ _____ \$ _____
cash check E-mail _____

☐ Head of Household Name _____ Address _____
☐ Secondary Contact Name _____ City _____ State _____
☐ Youth Name(s) _____ Zip _____ Phone () _____
\$ _____ \$ _____
cash check E-mail _____

☐ Head of Household Name _____ Address _____
☐ Secondary Contact Name _____ City _____ State _____
☐ Youth Name(s) _____ Zip _____ Phone () _____
\$ _____ \$ _____
cash check E-mail _____

☐ Head of Household Name _____ Address _____
☐ Secondary Contact Name _____ City _____ State _____
☐ Youth Name(s) _____ Zip _____ Phone () _____
\$ _____ \$ _____
cash check E-mail _____

☐ Head of Household Name _____ Address _____
☐ Secondary Contact Name _____ City _____ State _____
☐ Youth Name(s) _____ Zip _____ Phone () _____
\$ _____ \$ _____
cash check E-mail _____

Donations and tally sheets must be mailed in together. Send them to the following address:

UUSC — Guest at Your Table • PO Box 808 • Newark, NJ 07101-0808

(Sub)total