

Gift of Grain

DONATION FORM

Donor Name _____

Donor Address _____

City

State

ZIP

Amount of Grain _____

Type of Grain _____

I wish to transfer the above grain to benefit:

Des Moines Area Religious Council

Des Moines, IA 50309

Signature _____

Date _____

Name of Grain Elevator _____

Elevator Phone No. _____

Address of Grain Elevator _____

Elevator Contact Name _____

Email Address _____

Message to Grain Elevator Operators:

Please call the number below to create an account and set up grain disposition instructions.

Mail, fax, or email this form along with the appropriate documentation to:



Des Moines Area Religious Council

1435 Mulberry Street
Des Moines, IA 50309

PH: 515-277-6969 x13

FAX: 515-274-8389

lgarman@dmarcunited.org