

RETURN SLIP

Please include this slip with your check*

CHURCH/ORGANIZATION NAME: _____

CONTACT NAME: _____

EMAIL: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

AMOUNT COLLECTED: _____

*Please make checks payable to **ZOE**. A receipt will be sent once your donation is received.

Mail checks to: ZOE, P.O. Box 221510, Santa Clarita, CA 91322