

Charitable Contribution Card

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Check: _____

Money Order: _____



Mokena Fellowship Center is a non profit 501(c)3 corp.

Fill out the card and mail it in with your check or money order to PO Box 114, Mokena, IL 60448 and we will send you a receipt for your tax records and a heartfelt thank you for your generosity.