

New Macedonia Baptist Church

Riverdale, Georgia

Deposit Form

Ministry Name: Date:

Account Number:

Amount of Deposit: \$

Source of Funds:

Deposited by: _____ Date: _____

Ministry Treasurer

Received by: _____ Date: _____

Church Financial Secretary

Note: Complete this form and return it along with the funds being deposited to the Financial Secretary.

Revised: 3/20/2015