

# Gift of Grain

## Donation Form

Donor Name \_\_\_\_\_

Donor Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip code

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, ext. 13  
**Fax:** 515-274-8389  
kfrakes@dmreligious.org