

# 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