



**Donate Life South Carolina**  
4200 East North Street - 22 Centre East  
Greenville, S.C. 29615  
Tel: 864-609-5270



**DonateLifeSC.org**

## Donor Sabbath Request Form

**Name of Church:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Mailing Address (Street Address Preferred):**

\_\_\_\_\_  
\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Telephone Number:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**We would like the following materials and/or information – check all that apply:**

Bulletin Inserts – Quantity: \_\_\_\_\_

Sample Sermons (*Also available to download at DonateLifeSC.org*)

**Method of Delivery – choose one and check:**

Pick up @ the Donate Life SC Office in Greenville

Mailed or Delivered to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please either **CALL** Toll Free 1-87-PASS-IT-ON with your request or **FAX** this form to 1-864-609-5387. You may also mail this form to the address at the top of the page.



Give thanks. Give life.