

**AGLOW INTERNATIONAL
Lighthouse Tithe/Donation Form**

Lighthouse ID# _____ Lighthouse _____ President _____ <p align="center"><u>New officer/address? Please send a Change of Information form to:</u></p> <p align="center">Aglow International Worldwide Field Office – USA PO Box 1749 Edmonds, WA 98020 E-mail: u.s.field@aglow.org</p>	<p>Distribution of Check # _____ Dated _____</p> Tithe (10%) \$ _____ U.S. Regional Director Tithe (1%) \$ _____ Covenant Partnership \$ _____ Memorial (please include completed brochure)..... \$ _____ Donation - General Fund..... \$ _____ Other _____ \$ _____ Other _____ \$ _____ Total (Payable to Aglow International) \$ _____
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9/08

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