



# Linwood Seventh-day Adventist Church

## VISA/DEBIT PURCHASE-REIMBURSEMENT / DONATION REQUEST

Physical  
6525 N Monroe  
Spokane WA 99208

Secure Mail  
PO Box 48273  
Spokane, WA 99228

509-327-4400 | 509-981-8508 TEXT  
email@linwoodsda.org  
www.linwoodsda.org

### TYPE

Please indicate which applies: ☐ VISA Purchase Request ☐ Reimbursement ☐ Donation Receipt

### PURPOSE (describe in detail)

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**ATTACH RECEIPTS  
HERE OR  
STAPLE TO BACK**

Account to fund from: 

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Requester Signature: 

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Print name: 

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Phone: Text ☐ Y / ☐ N: 

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Email: 

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Mailing address: 

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Approved signature: 

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Title: 

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OFFICE USE ONLY: Notes – Ck# - Board Approval