

Dakotas & Minnesota Methodist Foundation / Statement Portal

Date: _____

Church/Organization: _____

First Name	Last Name	Email Address	Account #'s to Access

Signature of an authorized official of the organization

Title

Print Name

Phone

Church/Organization Address:

Email completed for to: info@dkmnmf.org



Dakotas | Minnesota
**METHODIST
FOUNDATIONS**

**You'll receive an email with a temporary password and instructions on how to set up portal access.*