

MAIL TO: **OGMP-TREASURY SERVICES**
P.O. BOX 1986
INDIANAPOLIS, INDIANA 46206

REMITTANCE FORM

FILE ONLINE or Additional forms available at

www.disciplesmissionfund.org

Questions? Please call 317-713-2446 for assistance.

CHURCH NAME		CHURCH PIN # in Year Book				
STREET OR BOX NO.						
CITY	STATE	ZIP				
REGION	Church organization to receive credit					
	CONGREGATION	CHURCH SCHOOL	DISCIPLES WOMEN	YOUTH	INDIVIDUAL	

TOTAL AMOUNT OF THIS REMITTANCE
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DISCIPLES MISSION FUND - The Church-wide Outreach Fund					
SPECIAL DAY OFFERINGS - supports					
EASTER - General Ministries					
PENTECOST - New Church Ministry					
THANKSGIVING - Higher Educ Institutions					
CHRISTMAS - Your region					
BLESSING BOXES					
Designated Operating					
PRINT DESIGNATED PURPOSE(S) HERE ->					
Designated District/Area/Convención					
PRINT DESIGNATED PURPOSE(S) HERE ->					

CAPITAL -- Funding for non-operational purposes					
REGIONAL PROGRAM					
For your region's on-going capital program					
If designated Capital allocated to a particular organization or purpose					
PRINT DESIGNATED PURPOSE(S) HERE ->					
REGIONAL CAPITAL CAMPAIGN					
Special limited-time campaigns conducted by a region with specified participants					
If designated Capital allocated to a particular participant in the campaign					
PRINT DESIGNATED PURPOSE(S) HERE ->					

WEEK OF COMPASSION -- The Relief, Refugee and Sustainable Development Mission Fund of the CC (DOC)					
REGULAR - UNDESIGNATED					
DONOR DESIGNATED					
PRINT DESIGNATED PURPOSE(S) HERE ->					

RECONCILIATION -- The Church-wide Pro-Reconciliation/Anti-Racism Training					
REGULAR - UNDESIGNATED					
DONOR DESIGNATED					
PRINT DESIGNATED PURPOSE(S) HERE ->					

PERSON COMPLETING THIS FORM	Check box: Yes No
	Is this a new email address? <input type="checkbox"/> <input type="checkbox"/>
SIGNATURE	PRINTED NAME
	DAYTIME PHONE NUMBER

PLEASE MAKE CHECK PAYABLE TO "DISCIPLES MISSION FUND"
PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

DATE _____