### REMITTANCE FORM

**MAIL TO:** OGMPTREASURY SERVICES  
P.O. BOX 1986  
INDIANAPOLIS, INDIANA  46206  

**FILE ONLINE or Additional forms available at:**  
www.disciplesmissionfund.org  

**Church organization to receive credit**

<table>
<thead>
<tr>
<th>REGION</th>
<th>CONGREGATION</th>
<th>CHURCH SCHOOL</th>
<th>DISCIPLES WOMEN</th>
<th>YOUTH</th>
<th>INDIVIDUAL</th>
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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?  
☐  
☐

**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 ___________________