

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

REMITTANCE FORM

Additional forms available at
disciplesmissionfund.org/resources/forms

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	DISCIPLES MEN		

TOTAL AMOUNT OF THIS REMITTANCE
\$ -

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 Ministry Fund of the CC (DOC)					
REGULAR - UNDESIGNATED					
DONOR DESIGNATED					
PRINT DESIGNATED PURPOSE(S) HERE ->					

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

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

PLEASE MAKE CHECK PAYABLE TO "OGMP-Treasury Services"
PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS DATE _____