OFFICE USE ONLY	
Date rec'd	
TOTAL	
ATTN CONTRIBUTOR SERVICES: Please forward a copy of this form to BGMC.	

DONOR INFORMATION

Donor Account: _____

Donor Name: _____

Address: _____

City/State/Zip: _____

Church Credit (if different from donor):

Church Name: _____

Church Account: _____
(if known)

OFFERING INFORMATION

Make check out to BGMC, include this form, and mail to: **BGMC, 1445 N. Boonville Ave., Springfield, MO 65802**

Undesignated offering amount: $_____

Designated offering(s):

BGMC #_____ Missionary Name: _____ Amount: $_____

BGMC #_____ Missionary Name: _____ Amount: $_____

BGMC #_____ Missionary Name: _____ Amount: $_____

*Undesignated funds are set aside for districts to direct toward their priority BGMC projects.
**It is recommended that you confirm with your District the correct BGMC project number before designating an offering.