Designated Offering

For office use only	
TOTAL	

ATTN CONTRIBUTOR SERVICES DEPT: Please forward a copy of this form to BGMC.

Donor Acct: _____

Donor Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Church Name: _____

Church Acct: (if known) _____

Make check out to BGMC. Mail this form with your contribution to:

BGMC
1445 N. Boonville Ave.
Springfield, MO 65802

To receive proper giving credit, please include this form with your offering.

PROJECT NUMBER: 007-001

AMOUNT

BGMC - CRITICAL NEEDS PROJECT _____ $ _____