



Designated Offering

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| For office use only | |
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| | |
| 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.

AMOUNT

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