

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

Christian Church of Mid-America Remittance Form

Filing ONLINE is available at

www.disciplesmissionfund.org

Questions? Please call 317-713-2446 for assistance.

Church Name		CHURCH PIN # In Year Book					
Street or Box No.							
City		State		Zip			

TOTAL AMOUNT OF THIS REMITTANCE
\$

Fifty-nine cents of every Disciples Mission Fund dollar is sent beyond the region for our wider missions.

Forty-one cents remains to provide pastoral care to the ministers and congregations of the region, help establish new congregations, provide educational events, enable camp programs, plan and program the Regional Assembly, and provide retreats, conferences and seminars for Mid-America Disciples.

Thank you for your partnership!	Church organization/unit to receive credit				
	Congregation	Church School	Disciples Women	Youth	Individual
Disciples Mission Fund - (59% to general ministries; 41 % to CCMA)					
MID-AMERICA MINISTRIES (Former Area support; 100% to CCMA)					
SPECIAL DAY OFFERINGS – supports					
Easter – General Ministries					
Pentecost – New Church Ministry					
Thanksgiving – Higher ED Institutions					
Christmas – Mid-America region					
Blessing Boxes					
Designated Operating					
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->					

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 -- Is this a new email address?:	Yes	No
Signature	Email Address		
Printed Name	Day Time Phone #		

**PLEASE MAKE CHECK PAYABLE TO "OGMP-TREASURY SERVICES"
PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

DATE _____