



# Designated Offering

For office use only	
<b>TOTAL</b>	
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**

\$