



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: 36970

AMOUNT

Water Initiative - water filters for 2,800 families

--