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Shure's

CHURCH MISSION SUPPORT

Month of _____

AMERICAN BAPTIST CHURCHES USA

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Please retain a copy of this remittance for your records. An official receipt will be mailed to you once the gift is processed. Upon receipt, please compare the official receipt detail to your original remittance copy and notify your Region office or the Vallley Forge office (800-222-3872, ext. 2145) of any discrepancies.

	CH NAME / DONOR	ASSOCIATION / ARE	Vallley Forge office (800-222-3872 RECEIPT NUMBER	DATE
CREDIT	RECEIVER (NAME)	PHONE NUMBER		
			AMERICAN BAPTIST	MISSION GIVING
	REGION / PIN	E-MAIL	UNITED MISSION	AMOUNT
	/		A. United Mission Basic	s (UMB)
Send Receipt T	o: (Please Print)		B. AB Women's Ministri Love Gift (LG)	es
			C. America For Christ (D. Retired Ministers & M Offering (RMMO) E. Region Giving	` '
	H POSSIBLE DESIGNATIONS		PURPOSE (Optional)	
F. World Mission C	Offering (WMO)			
H. ABCUSA, OFF AMERICAN BA INTERNATION	r of Sharing (OGHS) CICE OF THE GENERAL SECRIAPTIST HOME MISSION SOCIE VIENT/PROJECT	ETARY	PURPOSE (Optional)	
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THANK YOU FOR YOUR SUPPORT OF AMERICAN BAPTIST MISSIONS

Although every effort is made to comply with donor wishes, tax deductible contributions are received with the understanding that ABCUSA has complete discretion and control over the use of all donated funds.

PLEASE TEAR OFF LOWER PORTION AND COMPARE WITH YOUR RECORDS. THIS LOWER PORTION IS YOUR OFFICIAL RECEIPT.

