



Designated Offering

Donor Acct: _____

Donor Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Church Name: _____

Church Acct:
(if known) _____

For office use only	
TOTAL	
ATTN CONTRIBUTOR SERVICES DEPT:	
Please forward a copy of this form to BGMC.	

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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