



Church Contribution Form

Northwestern District

of The Christian and Missionary Alliance

Church's Name _____ Period Covered _____
 Church code _____
 Address _____
 City/State/Zip _____
 Treasurer's Name _____ Email: _____ @ _____

District Ministry Budget

\$ _____ less \$(_____) = \$ _____ x 7% \$ _____
 (gross) (exclusions*) (net)

*Exclusions include funds for missions, building funds, mortgage and rental payments for buildings, and designated funds for non-operational projects.

Pastor's Contribution to District Ministry Budget*

*(If church sends pastor's contribution in directly.)

Pastor's Name _____ \$ _____
 Pastor's Name _____ \$ _____
 Pastor's Name _____ \$ _____

Big Sandy Camp & Retreat Center

Church in Camp Area _____
 (\$.25/person/month/average Sunday morning attendance) \$ _____

Other Contributions (Please specify)

_____ \$ _____
 _____ \$ _____
 _____ \$ _____

TOTAL CONTRIBUTION – Verify amount matches check amount \$ _____
 (Make check payable to the NORTHWESTERN DISTRICT of The C&MA)

Mail this form to:

Northwestern District of The C&MA
 8860 College View Drive
 Saint Bonifacius, MN 55375-4504

NOTE: All Great Commission, Intercultural Ministry, and Fellowship Funds should be sent to the National Office at The Christian and Missionary Alliance, P O Box 35000, Colorado Springs, CO 80935-3500

Please duplicate this form as needed

** OFFICE USE ONLY **		
Date Rec'd _____	Amount Rec'd \$ _____	DOB \$ _____
Check # _____	BSCRC \$ _____	CGF \$ _____
Church Code _____	Other _____	\$ _____