



Special Targets

Donor Acct: _____

Donor Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Church Name: _____

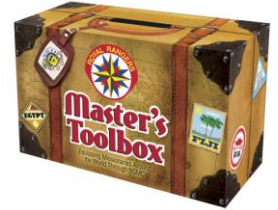
Church Acct:
(if known) _____

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.*



BGMC SPECIAL TARGET:

AMOUNT