



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

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