

Date _____

MBC Remittance Form (Please include with your check)

***** Cooperative Program Giving *****	
Cooperative Program A Mission support for MBC & SBC Ministries (Allocation determined by MBC Messengers)	\$
Cooperative Program B Support MBC Causes and EXCLUDE the SBC Causes selected below (checkbox(es)): <input type="checkbox"/> International Mission Board (IMB) <input type="checkbox"/> North American Mission Board (NAMB) <input type="checkbox"/> Theological Education (Seminaries and Historical Library & Archives) <input type="checkbox"/> SBC Ethics & Religious Liberty Commission <input type="checkbox"/> SBC Executive Committee * By checking all boxes, your Cooperative Program gifts remain in Missouri.	\$
***** Designated Giving ***** (These Gifts are NOT considered Cooperative Program)	
MMO/Rheubin L. South Offering	\$
Annie Armstrong Easter Offering (NAMB)	\$
Lottie Moon Christmas Offering (IMB)	\$
Baptist Hunger Relief (World Hunger)	\$
Birthday Offering--Children's Home	\$
Anniversary Offering--Children's Home	\$
Madge N.Truxex--WMU	\$
Disaster Relief--General Fund	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Other:	\$
Check #	Total Amount Enclosed \$

Please make all checks payable to the **Missouri Baptist Convention**
Thank you for supporting Cooperative Program