2019 FORM FOR CELEBRATION OF MISSION EVENT CASH CONTRIBUTIONS

District _____ Site_____ Date_____

	NAME OF INDIVIDUAL(S) MAKING CASH CONTRIBUTIONS	AMOUNT		DESIGNATED MINISTRY NUMBER
	CASH FROM GROUPS, TABLES, BOOTHS, ETC.			
	TOTAL CASH--------	**$**		**VARIOUS**

NOTE: Keep a copy of this form for your records. Do not send a copy to the Conference Treasurer.

N0TE: All cash gifts collected at the COME must be listed as **UNDESIGNATED GIFTS #875.**