

2019 FORM FOR CELEBRATION OF MISSION EVENT PERSONAL CONTRIBUTIONS PAID BY CHECK

District _____ Site _____ Date _____

NAME OF INDIVIDUAL(S) MAKING CONTRIBUTION BY CHECK	CHECK NUMBER	CHECK AMOUNT		DESIGNATED MINISTRY NUMBER
TOTAL PERSONAL CHECKS	XXXXXXXXXXXX		Various	

*NOTE: This form MUST be sent to the Conference Treasurer along with the Remittance Form. Keep a copy for your records.