



**CONTRIBUTION DIRECTIVE**

Church Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Church check must accompany if funds were collected by your group. Personal checks may be sent for individual contributions. Online contribution is also available.**

**Please make a copy for your files.**

Your gift must be POSTMARKED BY December 31 for credit for the current year.

<b>NATIONAL Women's Ministries:</b>		<b>Make checks payable to and send:</b> <i>Open Bible Churches</i>  <i>Women's Ministries</i> <i>2020 Bell Avenue</i> <i>Des Moines, IA. 50315</i>
ABCD Fund - \$27,000 Needed (Missionary supplementary fund)	\$ _____	
NATIONAL PROJECT-2011 Saada Project	\$ _____	
Missionary Christmas	\$ _____	
Administration Fund	\$ _____	
Endowment Fund	\$ _____	
OTHER _____	\$ _____	<p style="text-align: center;"><b>Thank You!</b></p>
<b>TOTAL CHECK</b>		

<b>REGIONAL Women's Ministries:</b>		<b>Make checks payable to and send:</b> <p style="text-align: center;"><b>Your REGIONAL OFFICE</b></p> <i>(Contact your Regional WM Director for info.)</i>
REGIONAL Women's Ministries Project	\$ _____	
REGIONAL Administration	\$ _____	
Other	\$ _____	
<b>TOTAL CHECK</b>		\$ _____