



CONTRIBUTION DIRECTIVE

Church Name: _____ Date: _____

To: _____ *(Project or Department)*

Contact Person: _____ Phone: _____

Address: _____ City, State, Zip: _____

Church check must accompany if funds were collected by your group. Please make a copy for your files.
Your gift must be received by the last working day of the year for credit for the current year.

<u>NATIONAL Women's Ministries:</u>		<u>Make checks payable to and send:</u>
ABCD Fund	\$ _____	Open Bible Churches Women's Ministries 2020 Bell Avenue Des Moines, IA. 50315
Membership/Subscription (IN TOUCH Newsletter)	\$ _____	
Missionary Christmas	\$ _____	
National Project	\$ _____	
Other (Endowment Fund or Administration aid)	\$ _____	
TOTAL CHECK		<i>Thank You!</i>
		\$ _____

<u>REGIONAL Women's Ministries:</u>		<u>Mail to:</u>
Regional Women's Ministries Project	\$ _____	Your REGIONAL OFFICE (Contact your Regional WM Director for info.)
Regional Administration	\$ _____	
Other	\$ _____	
TOTAL CHECK		\$ _____