



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.

NATIONAL Women's Ministries:	Make checks payable to and send:
ABCD Fund \$ _____	<i>Open Bible Churches Women's Ministries 2020 Bell Avenue Des Moines, IA. 50315</i>
NATIONAL PROJECT \$ _____	
Missionary Christmas \$ _____	
Administration Fund \$ _____	
Endowment Fund \$ _____	
OTHER _____ \$ _____	
TOTAL CHECK	

REGIONAL Women's Ministries:	Make checks payable to and send:
REGIONAL Women's Ministries Project \$ _____	Your REGIONAL OFFICE <i>(Contact your Regional WM Director for info.)</i>
REGIONAL Administration \$ _____	
Other \$ _____	
TOTAL CHECK	