

Remittance Form

Church address _____ Treasurer Name _____

Church Directory City _____

Contribution Month of _____

Please use the enclosed contribution as follows:

\$ _____ District Operating Budget (DOB)	Other:
\$ _____ Church Health & Multiplication	\$ _____
\$ _____ Missions Conference Expense	\$ _____
\$ _____ Pastors' Emergency Fund	
\$ _____ District Quizzing	Check # _____

TOTAL ENCLOSED: \$ _____

Please make checks payable to: **Northeastern District C&MA**
Please mail by the 10th of Month due

Revised 11/2013

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