



State Convention of
Baptists in Indiana

7805 State Road 39
Martinsville, IN 46151

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Date _____ 20 _____

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Toll Free 800.444.5424
Fax 317.282.0382

I am enclosing Check # _____ In the amount of \$ _____

PAYABLE TO THE STATE CONVENTION OF BAPTISTS IN INDIANA

WHICH IS TO BE DISTRIBUTED AS FOLLOWS:

Fund Code	Mission Offering for....	Amount
1001	Cooperative Program	
1002	<i>Indiana State Missions Offering (Formerly C.E. Wiley State Missions)</i>	
1003	<i>Annie Armstrong Offering (North American Missions)</i>	
1004	<i>Lottie Moon Offering (International Missions)</i>	
1005	<i>Global Hunger Relief (Formerly World Hunger)</i>	
1006	Highland Lakes Offering	
2001	Funding to _____ Association <i>(Please include name of association)</i>	
	Other Gifts <i>(Please Specify)</i>	
	Total Remittance	\$

Church Name _____

SBC ID# _____

Pastor _____

Association _____

If any information about your church has changed, please show changes on back.

If you would like someone from our staff to contact you about a specific need, please check box and give a brief explanation.

