



Southern Baptist Conservatives of Virginia
Contribution Form

Date _____

Church Name: _____
Mailing Address: _____ Street Address: _____
City: _____ State: _____
Phone: _____ Fax: _____
Your Name/Title: _____
E-mail: _____

1. Cooperative Program Contributions

Cooperative Program funds will be distributed based on the current year
MIP (Ministry Investment Plan)

\$ _____

2. Other Designated Gifts

Lottie Moon International Missions \$ _____
Annie Armstrong North American Missions \$ _____
Vision Virginia (SBCV State Missions offering) \$ _____
Other _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

3. Church Planting Support/Partnership

Church Plant/Planter-Salary Support _____ \$ _____
Church Plant/Planter-Payroll /Bookkeeping Fee _____ \$ _____
Church Plant/Planter-Salary Support _____ \$ _____
Church Plant/Planter-Payroll /Bookkeeping Fee _____ \$ _____
Other _____ \$ _____
Other _____ \$ _____

Thank you for your CP Missions Gifts

Please return this form with your gift to:

SBC OF VIRGINIA
4956 DOMINION BLVD - Glen Allen VA 23060
www.sbcv.org sbcv@sbcv.org
804.270.1848 Fax: 804.591-2696

\$ _____
TOTAL AMOUNT ENCLOSED