



# SBC Virginia

*You are not alone.*

## Contribution Form

Church Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 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)

\$ _____
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### 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 _____	\$ _____

**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