



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)

\$ _____

2. Other Designated Gifts

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

3. Church Planting Support/Partnership

Church Plant/Planter-Salary Support _____ \$ _____
 Church Plant/Planter-Salary Support _____ \$ _____
 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: 804.270.1834

\$ _____
 TOTAL AMOUNT ENCLOSED