



SBCVirginia
You are not alone.

Contribution Form

Church Name

Date

Mailing Address

City

State

Zip

Your Name / Title

Email / Phone

\$ _____ **Cooperative Program**

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

\$ _____ **Lottie Moon** IMB Christmas Offering

\$ _____ **Annie Armstrong** NAMB Easter Offering

\$ _____ **Vision Virginia** SBC of Virginia State Missions Offering

\$ _____ **Church Plant Support:** _____

\$ _____ **Other** _____

\$ _____ **Other** _____

\$ _____ **TOTAL Amount Enclosed**

**Thank you for your Cooperative Program Gifts. Please make check payable to
SBC of Virginia and 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

THIS FORM IS AVAILABLE IN A FILLABLE PDF FORMAT ON OUR WEBSITE AT SBCV.ORG/GIVE.

Interested in an electronic payment option? Contributions can be made using your bank's BillPay feature and our SBCV electronic lockbox will convert to electronic payment. No gift form, paper check, mailing, or postage required. This option requires an assigned account number/fund code(s).

Please email accounting@sbcv.org for detailed instructions.