



# Special Targets

Donor Acct: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Church Name: \_\_\_\_\_

Church Acct:  
(if known) \_\_\_\_\_

For office use only	
<b>TOTAL</b>	
ATTN CONTRIBUTOR SERVICES DEPT: Please forward a copy of this form to BGMC.	

Make check out to BGMC. Mail this form with your contribution to:

**BGMC**  
**1445 N. Boonville Ave.**  
**Springfield, MO 65802**

*To receive proper giving credit,  
please include this form with your  
offering.*



**BGMC SPECIAL TARGET:**

**AMOUNT**