Growing Healthy Churches

MONTHLY REPORT OF MISSION SUPPORT

Month of _____

PLEASE LEAVE BLANK
Growing Healthy Churches

RECEIPT NUMBER

Church Name	Area/Association
Credit Receiver (Name)	Phone
PIN	E-mail

Please retain the pink copy of this remittance for your records. An official receipt will be mailed to you once the gift is processed. Upon receipt, please compare the official receipt detail to your original remittance copy and notify our office of any discrepancies at (888) 290.2229.

Send Receipt To: (Please Print)

DETAILS FOR WMO, OGH, RO, ISP, SPC, TG, CGN, & MO.

LEAVE BLANK	CODE	FOR WHAT WORK OR MISSIONARY	AMOUNT

Affiliated Mission Giving

AB Women's Ministries Love Gift (LG) $ _____

ANNUAL OFFERINGS

America for Christ Offering (AFC) $ _____
World Mission Offering (WMO) $ _____
Retired Ministers & Missionaries (RMMO) $ _____
One Great Hour Of Sharing (OGH) $ _____
Region Offering (RO) $ _____

INSTITUTIONAL SUPPORT (ISP) $ _____

SPECIFICS (SPC) $ _____

TARGETED GIVING (TG) $ _____

TOTAL MISSION GIVING $ _____

CAMPAIGNS (CGN) $ _____
MISCELLANEOUS OBJECTIVES (MO) $ _____

TOTAL GIVING $ _____

THANK YOU FOR GIVING TO MISSIONS!

Although every effort is made to comply with donor wishes, tax deductible contributions are received with the understanding that the GHC organization has complete discretion and control over the use of all donated funds.

PLEASE REMOVE LOWER PORTION AND COMPARE WITH YOUR RECORDS. THIS LOWER PORTION IS YOUR OFFICIAL RECEIPT.

Detail Items	Line	Amount

AB Women's Love Gift	$	-
Annual Offering		
AFC	$	-
WMO	$	-
RMMO	$	-
OGHS	$	-
Region Offering	$	-
Institutional	$	-
Specifics	$	-
Targeted Giving	$	-
Total Mission Giving	$	-
Campaigns	$	-
Misc. Obj.	$	-
Total Remittance	$	-

Growing Healthy Churches acknowledge that no goods or services were received in exchange for these gifts, except intangible religious benefits.