

THE RICHMOND BAPTIST ASSOCIATION
3111 Moss Side Avenue, Richmond, VA 23222
2010 Church Support/Monthly Remittance Form

Your Church Name: _____

Date of Remittance: _____ Amount of Check: \$ _____

Contact Name: _____ Phone Number: _____

Please complete this form for General Program Gifts (Regular Monthly Support), Camp Alkulana Offerings (formerly known as Week of Prayer), Designated Gifts (specifically for one of the three Mission Centers), and/or Special Gifts. Please be specific when filling out the form and mail along with your check to the Richmond Baptist Association at the address listed above. If we receive gift/checks without any specification, we will receive it as a gift for the RBA General Program. This form can also be downloaded from our website www.rbaonline.org. Should you have any questions, please call Tenny at 329-1701, ext. 205.

RBA GENERAL PROGRAM MONTHLY GIFTS: _____ \$ _____

CAMP ALKULANA OFFERING
(formerly known as Week of Prayer, Associational Missions Support) \$ _____

DESIGNATED GIFTS for the Centers:

Church Hill Wellness Center _____ \$ _____

Oregon Hill Baptist Center _____ \$ _____

South Richmond Baptist Center _____ \$ _____

SPECIAL GIFTS: (Please be *specific* and list below)

1.) **South African Partnership Ministry** _____ \$ _____

2.) _____ \$ _____

3.) _____ \$ _____

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Please do not write in the space below (for check copy purposes only)