



Designated Offering

For office use only	
TOTAL	
ATTN CONTRIBUTOR SERVICES DEPARTMENT: Please forward a copy of this form to BGMC.	

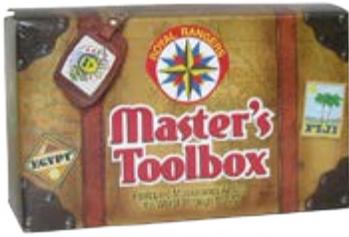
Donor Acct: _____
 Donor Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Email: _____
 Church Name: _____
 Church Acct (if known): _____

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

BGMC
1445 N. Boonville Ave.
Springfield, MO 65802

ROYAL RANGERS—MASTER’S TOOLBOX 244-001	AMOUNT
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BGMC—Master’s Toolbox \$



To receive proper giving credit, please include this form with your offering. This offering will receive BGMC giving credit.