



CONTRIBUTION RECEIPT

PO Box 702
Goshen, IN 46527
574-534-4006
imoffice@im.mennonite.net

Congregation/Name: _____ Date _____
Address: _____ Check No(s) _____
Total Contribution \$ _____

IN-MI Mennonite Conference

Designated Funds

Operating1 \$ _____
Capital2 \$ _____

Amigo Centre
Operating \$ _____
Capital \$ _____
Bethany Christian Schools
Operating \$ _____
Capital \$ _____
Mennonite Education Agency
MEA General \$ _____
Seminaries \$ _____
Colleges/Universities \$ _____

Menn Central Comm \$ _____
Menn Disaster Service \$ _____
MennoMedia \$ _____
Menn Mission Network \$ _____
\$ _____
\$ _____
\$ _____
\$ _____

10% of these contributions will be forwarded as part of our Firstfruits to Mennonite Church USA.

2Contributions will be added to the Capital Fund investment account; investment income may be used for operating funds.

No goods or services were received by the donor in consideration of this contribution. The only benefit received was an intangible religious benefit.

Congregational Treasurer

PLEASE MAKE ALL CHECKS PAYABLE TO:
IN-MI Mennonite Conference



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