

Support for 2016 . . .

Missouri Baptist Foundation
Children's Health Care Camp, "Zhemchuzhinka"
Transmittal Form

Belarus Ministries Support Fund

Please designate your *OUTRIGHT* contribution to Children's Health Care Camp as follows:

\$ _____ . ____ *Where Most Needed*

OR:

\$ _____ . ____ *Camp Scholarships*

\$ _____ . ____ *Medical/Dental Care for Children*

\$ _____ . ____ *Capital Improvement Projects*

Kobrin Christian Ministries The Pearl of Belarus Endowment Fund

\$ _____ . ____ Your gift will be **INVESTED** to provide annual distributions to the Children's Health Care Camp.

Please complete the following:

Name _____

(List name for an individual gift or the contact person, if church gift)

Church _____

Address _____

City/State/Zip _____

Phone _____

E-Mail _____

Personal Contribution

Church Contribution

Your gift is tax deductible as allowed by law.

Make checks payable to Missouri Baptist Foundation. Return in the enclosed reply envelope to:

Missouri Baptist Foundation
400 East High, Suite 500

The Impact of your gift:

- \$187 pays for 1 child's camp
- \$14 pays for 1 day of a child's camp
- \$3,177 pays for 1 day of entire