

Support for 2017 . . .

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 (\$150 pays for 1 child's camp)*

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

\$ _____ . ____ *Capital Improvement Projects*

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
Jefferson City, MO 65101

ONLINE GIVING at www.mbfm.org is available.