

CONTRIBUTION RECEIPT

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

IN-MI Mennonite Conference

Operating* \$ _____
 Capital \$ _____

Designated Funds

Amigo Centre
 Operating \$ _____
 Capital \$ _____
 Bethany Christian Schools
 Operating \$ _____
 Capital \$ _____
 Seminaries \$ _____
 Colleges/Universities \$ _____
 Menn Education Agency
 (MEA, Racial/Ethnic Leadership) \$ _____

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

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

No goods or services were received by the donor in consideration of this contribution

 Congregational Treasurer

 Congregational Bookkeeper

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