



State Convention of
Baptists in Indiana

7805 State Road 39
Martinsville, IN 46151
317-481-2400

Date _____ 20____

I am enclosing Check # _____

In the amount of \$ _____

**PAYABLE TO THE STATE CONVENTION OF BAPTISTS IN INDIANA
WHICH IS TO BE DISCTRIBUTED AS FOLLOWS:**

Receipt #

For SCBI Use Only

Fund Code	Mission Offering for...	Amount
1	Cooperative Program	
2	Indiana State Missions Offering	
3	Annie Armstrong Offering (North American Missions)	
4	Lottie Moon Offering (International Missions)	
5	World Hunger	
6	Highland Lakes Baptist Camp	
	Other Gifts (Please specify)	
	Total Remittance	\$

Church Name

SBCID#

Pastor

Association

If any information about your church has changed, please show changes on the back.



If you would like someone from our staff to contact you about a specific need, please check box and give an explanation.

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