



REMITTANCE FORM
 Christian Church in Tennessee
 (Disciples of Christ)
 4006 Ashland City Highway
 Nashville, TN 37218

PLEASE PRINT

Church Name	
Street or Box #	
City	ZIP

TOTAL AMOUNT IN THIS REMITTANCE

Call (615) 646-3705 for assistance with this form.

Church Pin	CHURCH ORGANIZATION TO RECEIVE CREDIT				
	CONGREGATION	SUNDAY SCHOOL	C.W.F.	YOUTH	INDIVIDUAL

TENNESSEE DISCIPLES MISSION FUND					
Regular Undesignated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Special Day Offerings					
Easter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pentecost	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thanksgiving	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Christmas	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CWF Blessing Boxes			<input type="text"/>		
Designated Operating	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Designated Organization/Purpose(s) Here → <input type="text"/>					

CAPITAL -- FUNDING FOR NON-OPERATIONAL PURPOSES					
Undesignated Capital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designated Capital	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Designated Organization/Purpose(s) Here → <input type="text"/>					

WEEK OF COMPASSION					
Undesignated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Designated Purpose(s) Here → <input type="text"/>					

CCT DOORSTEP MINISTRY / NATIONAL RECONCILIATION INITIATIVE					
Undesignated (80% / 20%)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Designated	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Designated Purpose(s) Here → <input type="text"/>					

	CONGREGATION	SUNDAY SCHOOL	C.W.F.	YOUTH	INDIVIDUAL
TOTALS	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSON COMPLETING THIS FORM			
PRINTED NAME	E-MAIL ADDRESS	DAYTIME PHONE	DATE

PLEASE MAKE CHECKS PAYABLE TO "CHRISTIAN CHURCH IN TENNESSEE"
 PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS