



# Special Targets

Donor Acct: \_\_\_\_\_  
Donor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Church Name: \_\_\_\_\_  
Church Acct: \_\_\_\_\_  
(if known)

For office use only	
<b>TOTAL</b>	
ATTN CONTRIBUTOR SERVICES DEPT: Please forward a copy of this form to BGMC.	

Make check out to BGMC. Mail this form with your contribution to:

**BGMC**  
**1445 N. Boonville Ave.**  
**Springfield, MO 65802**

*To receive proper giving credit, please include this form with your offering.*

**BGMC SPECIAL TARGET: 020796-9**

**AMOUNT**

**BGMC—Convoy of Hope: Barrels of Hope**

\$