



# 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:<br>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:**

**AMOUNT**