VIRGINIA MISSION GIVING 

REMITTANCE FORM

All 2025 giving must be received by or post-dated by December 31, 2025. Any givings received or post-dated after December 31, 2025 will be credited to 2026 givings.

Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Pin # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gifts for Specific Funds** | **Congregation** | **CWF** | **Youth** | **Individual** |
| **Special Day Offerings** | Regular Undesignated | $ | $ | $ | $ |
|  |  |  |  |  |
|  Easter | $ | $ | $ | $ |
|  Pentecost | $ | $ | $ | $ |
|  Thanksgiving | $ | $ | $ | $ |
|  Christmas | $ | $ | $ | $ |
| Blessing Boxes | $ | $ | $ | $ |
| **WEEK OF COMPASSION** | Undesignated | $ | $ | $ | $ |
| Designated: | $ | $ | $ | $ |
| **RECONCILIATION** | Undesignated | $ | $ | $ | $ |
| Designated: | $ | $ | $ | $ |
| **ANNUAL FUND** | Virginia Region Direct | $ | $ | $ | $ |
| **DMF** |  | $ | $ | $ | $ |
|  |  |  |  |  |  |
| **OTHER** | Craig Springs Camp Capital | $ | $ | $ | $ |
| Craig Springs Camp Operating | $ | $ | $ | $ |
| **CAPITAL – Funding for non-operational purposes**REGIONAL PROGRAM – For your region’s on-going capital programPrint Designated Purpose Here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_REGIONAL CAPITAL CAMPAIGNSpecial limited-time campaigns conducted by a region with specified participantsPrint Designated Purpose Here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **OTHER (Please Specify)** |  | $ | $ | $ | $ |
|  | $ | $ | $ | $ |
| TOTAL |  |  |  |  |  |
| Make Checks Payable to: **CCINVA** And mail to: OGMP Treasury ServicesMail to: PO Box 1986 Indianapolis, IN 46206-1986*Please Remit One Check per form* | TOTAL AMOUNT ENCLOSED | $ |
|  |  |
| OFFICE USE ONLY |
| Date Received: |
| Check # | Amount: |
|  |  |
|  |  |