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 program  Print Designated Purpose Here: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  REGIONAL CAPITAL CAMPAIGN  Special limited-time campaigns conducted by a region with specified participants  Print Designated Purpose Here:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **OTHER (Please Specify)** |  | $ | | $ | $ | | $ |
|  | $ | | $ | $ | | $ |
| TOTAL |  |  | |  |  | |  |
| Make Checks Payable to: **CCINVA**  And mail to:  OGMP Treasury Services  Mail to: PO Box 1986  Indianapolis, IN 46206-1986  *Please Remit One Check per form* | | | TOTAL AMOUNT ENCLOSED | | | $ | | |
|  | | |  | | |
| OFFICE USE ONLY | | | | | |
| Date Received: | | | | | |
| Check # | | | Amount: | | |
|  | | |  | | |
|  | | |  | | |