

Lakelands Baptist Association
PO Box 1312
Greenwood, SC 29648
864-227-6261

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REMITTANCE FORM

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(Books close at noon on the last weekday of the month)

Check should be made payable to: Lakelands Baptist Association

(Books close at noon on the last day of the month)

Check should be made payable to: Lakelands Baptist Association

Church: _____

Church: _____

Mailing Address: _____

Mailing Address: _____

Date: _____

Date: _____

Missions Gifts For:

Associational Mission.....\$ _____

Multicultural Fund.....\$ _____

Disaster Relief.....\$ _____

Special Offering.....\$ _____

Designated Offering.....\$ _____

Great Commission Endowment Fund.....\$ _____

Reimbursement for items charged in association office:

Paper Tapes Other: _____ \$ _____

Total:.....\$ _____

Missions Gifts For:

Associational Mission.....\$ _____

Multicultural Fund.....\$ _____

Disaster Relief.....\$ _____

Special Offering.....\$ _____

Designated Offering.....\$ _____

Great Commission Endowment Fund.....\$ _____

Reimbursement for items charged in association office:

Paper Tapes Other: _____ \$ _____

Total:.....\$ _____

Person Remitting: _____

Person Remitting: _____

Address: _____

Address: _____

Phone: (Home) _____ (work) _____

_____ Phone:

(Home) _____ (work) _____

See reverse side for changes in personnel or address >

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NOTE: Offerings such as Lottie Moon, Annie Armstrong, Janie Chapman, or Hunger Fund are mailed to the South Carolina Baptist Convention: 190 Stoneridge Dr., Columbia, SC 29210-8254

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Gifts for Connie Maxwell Children's Home should be mailed to PO Box 1178, Greenwood, SC 29648

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PLEASE COMPLETE THE FOLLOWING IF THERE HAS BEEN A CHANGE

New Treasurer:

Name: _____

Complete Address: _____

_____ Phone: _____

Ministry Assistant; Financial Secretary

Name: _____

Complete Address: _____

_____ Phone: _____

New Church Clerk:

Name: _____

Complete Address: _____

_____ Phone: _____

New Chairman of Deacons:

Name: _____

Complete Address: _____

_____ Phone: _____

Changes in Church Staff:

Name: _____

Complete Address: _____

_____ Phone: _____

Other Staff:

Name: _____

Complete Address: _____

_____ Phone: _____

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