

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

**REMITTANCE FORM**

Check should be made payable to: Lakelands Baptist Association  
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Church: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

**Missions Gifts For:**

Associational Mission.....\$ \_\_\_\_\_  
Multicultural Fund.....\$ \_\_\_\_\_  
Disaster Relief .....\$ \_\_\_\_\_  
Special Offering.....\$ \_\_\_\_\_  
Designated Offering .....\$ \_\_\_\_\_  
Great Commission Endowment Fund.....\$ \_\_\_\_\_  
LBA Building Fund.....\$ \_\_\_\_\_

**Total:**.....\$ \_\_\_\_\_

Person Remitting: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (work) \_\_\_\_\_

See reverse side for changes in personnel or address >

**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

**Gifts for Connie Maxwell Children's Ministries 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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