

Southern Baptists of Texas Convention Gift Form

Date: _____

Church Name: _____

Your Name/Title: _____

Mailing Address: _____

Church Physical Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Email: _____



P.O. Box 1988 Grapevine, TX 76099-1988
 (817) 552-2500 Fax: (817) 552-2501
 TOLL FREE: (877) 953-7282
 www.sbtxas.com sbtxas@sbtxas.com

COOPERATIVE PROGRAM* - SBTC's Operating Budget	\$ _____
REACH TEXAS - SBTC State Missions Offering	\$ _____
LOTTIE MOON - Christmas Offering for International Missions	\$ _____
ANNIE ARMSTRONG - Easter Offering for North American Missions	\$ _____
The TEXAN - (state convention paper).	\$ _____
Other Designated _____	\$ _____

Thank you for your CP Missions Gifts **TOTAL AMOUNT ENCLOSED: \$** _____

***Only funds given to SBTC adopted budget shall be considered Cooperative Program gifts.
 Cooperative Program funds will be distributed as follows: SBC - 55% and SBTC - 45%**