# INDIVIDUAL DONOR

# 

# CENTRAL MISSIONARY CLEARINGHOUSE

PO BOX 219228 HOUSTON TX 77218-9228

Please fill out this form with your first contribution **only**. You will receive a receipt along with a pre-addressed return envelope for any future gifts. Please tear off the bottom of that receipt and return with any future gift.

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CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF MISSIONARY\_\_\_\_\_\_\_PAMELA DROUT\_­\_­­\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE READ**: Contributions to CMC are qualified for Federal income tax deduction as allowed by law. All deductible contributions, whether designated or not, are under the control of CMC. We are committed to honor all designations, and if any designation is unacceptable, the donation will be returned. **You must make your check payable to Central Missionary Clearinghouse (or simply CMC) to qualify for a tax deduction.** **Please do not write the name of your missionary on your check**. **It is illegal to claim a tax deduction for a gift made payable to an individual.**

# CHURCH DONOR

# CENTRAL MISSIONARY CLEARINGHOUSE

PO BOX 219228 HOUSTON TX 77218-9228

Please fill out this form with your first contribution for your missionary. When you are receipted for this gift, you will receive a duplicate receipt and pre-addressed return envelope to use with any future contribution. **Please make your check payable to Central Missionary Clearinghouse (or CMC). Thank You**.

CHURCH NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PASTOR’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF MISSIONARY\_\_\_\_**\_\_\_\_\_PAMELA DROUT**\_­\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SPECIAL INSTRUCTIONS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_