

"MORE" - Year 2
2018-2019 GCW's NATIONAL PROJECT

DISTRICT: _____

DISTRICT DIRECTOR: _____

CHURCH/INDIV NAME: _____

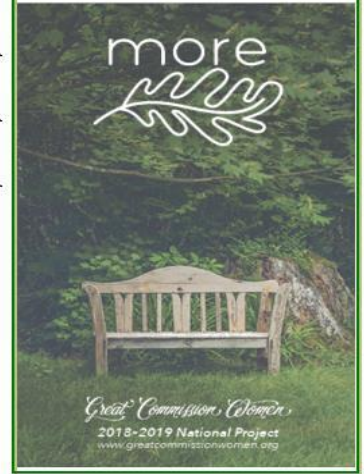
ADDRESS: _____

CHECK DATE	:	
CHECK NUMBER	:	
CHECK AMOUNT:		



Please make checks payable to The Christian & Missionary Alliance - send with National Project Payment Form:

The Christian & Missionary Alliance
ATTN: Donor Services
 8595 Explorer Drive
 Colorado Springs, CO 80920



"MORE" - Year 2
2018-2019 GCW's NATIONAL PROJECT

DISTRICT: _____

DISTRICT DIRECTOR: _____

CHURCH/INDIV NAME: _____

ADDRESS: _____

CHECK DATE	:	
CHECK NUMBER	:	
CHECK AMOUNT:		



Please make checks payable to The Christian & Missionary Alliance - send with National Project Payment Form:

The Christian & Missionary Alliance
ATTN: Donor Services
 8595 Explorer Drive
 Colorado Springs, CO 80920

