

Church Year: 2018 (Assembly Year 2018-2019)
Church Year: 2019 (Assembly Year 2019-2020)

MID-ATLANTIC DISTRICT
CHURCH of the NAZARENE
REMITTANCE SLIP

Church or Name _____ Date _____

Amount of Check \$ _____ Check # _____

APPLY TO:

10% Funding the Mission \$ _____ (includes P&B, ENC, District, NMI, SDMI, NYI)

Missional Ministry \$ _____ District Loan \$ _____ Family Camp \$ _____

Insurance: Pastor's Name _____ \$ _____

Other _____ \$ _____

Make checks payable to: **MID-ATLANTIC DISTRICT TREASURER**

Send to: 108 Central Avenue, Glen Burnie, MD 21061

For Office Use Only	
P & B	_____
ENC	_____
District	_____
NMI	_____
SDMI	_____
NYI	_____

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