



CHURCH:	
CITY:	
PASTOR:	
CSF AMOUNT ENCLOSED:	
FOR THE MONTH OF:	
OTHER FUNDS ENCLOSED: (please specify)	
OTHER:	
OTHER:	
TOTAL ENCLOSED:	

Place payment with this remittance form into #10 business envelope. Do not fold, cut or otherwise mutilate form.
Thank you!

CHECKS ARE PAYABLE & MAILED TO:

**INDIANA CENTRAL DISTRICT
PO BOX 7112
FISHERS, IN 46037**



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