Transformation Ministries
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MONTHLY FINANCIAL SUPPORT FORM

Month _____, 2010

(Office use only)
Receipt #
Entry date:

Donor Name _____
Address 1 _____
Address 2 _____
City, State, Zip _____

Telephone:_____
Email:_____
Contact Person:_____
Your Donor ID #_____

		MINISTRY	AMOUNT
A		**Transformation Ministries Faith Share**	$
B		**Transformation Ministries Church Planting**	$
C		**Local Ministries**	
	1	African-American Ministries	$
	2	Asian Ministries	$
	3	Hispanic Ministries	$
	4	Southwest Indian Ministries	$
	5	San Marcos Camp	$
	6	Thousand Pines Camp	$
	7	Tonto Rim Camp	$
D		**Partnership Ministries:**	
	1	Atherton Baptist Homes	$
	2	Scholarships for Training Pastors	$
	3	Hopi Mission School	$
	4	Rainbow Acres	$
	5	Valley Christian Centers	$
E		**Offerings:**	
	1	Special Gifts to Transformation Ministries	$
	2	Disaster Relief	$
	3	World Mission Offering (International Ministries)	Use IM Form
	4	Transformation Ministries Pastoral Emergency Fund	$
F		**Missionaries and Projects:**	
	1	International Ministries	Use IM Form
	2	International Ministries Missionaries/Projects	Use IM Form
	3	Russian Missions	$
	4	Burundi Outreach by TM churches	$
	5	Latin American Missions	$
	6	Asian Missions	$
			$
			$
			$
		TOTAL SUPPORT	**$ -**

Please list missionaries, projects, church plants, or other specific ministries you wish to support with designated amounts.

Line #	Description	Designated Amount

How may we pray for you this month?

(Office use only)
Rcvd date _____
Check #: _____
Amount: _____
Initials: _____

Please make check payable to ***Transformation Ministries*** *-- Thank you!*

To download this and other financial support documents please visit: http://transmin.org under Church Health/Mission News & Resources