

# Congregational Remittance Form for Disciples Mission Fund

**Christian Church (Disciples of Christ)  
of Northern California-Nevada  
9260 Alcosta Blvd., C-22  
San Ramon, CA 94583**

Phone 925-556-9900 Fax 925-556-9904  
Email info@ccncn.org Web: www.ccncn.org

*For Regional Church Office Use Only, Please*

Date: \_\_\_\_\_  
Church ID #

<i>Check #</i>	<i>Amount \$</i>
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\_\_\_\_\_ Remitted by \_\_\_\_\_  
 \_\_\_\_\_ Telephone # \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_

Please make check payable to "CCNC-N"  
 Please send check and form to Christian Church of N. California-Nevada  
 (Disciples of Christ)  
 9260 Alcosta Blvd. C-22  
 San Ramon, CA 94583

*Please Keep a Copy for Your Records*

***Gifts For These Causes***  
**Disciples Mission Fund**

Congregational/Church giving to DMF	\$ _____	
Special Day Offerings to DMF:		
Easter	\$ _____	
Pentecost	\$ _____	
Thanksgiving	\$ _____	
Christmas	\$ _____	
CWF/Disciples Women Giving	\$ _____	
Other Congregational Gifts to DMF	\$ _____	

(please specify: "from youth," etc.)

**Other Disciples Outreach Giving**

Week of Compassion -- Undesignated	\$ _____	
Week of Compassion -- Designated	\$ _____	for _____
CWF/Disciples Women Giving Designated	\$ _____	for _____
CWF/Disciples Women Blessing Box Offering	\$ _____	
Reconciliation – undesignated	\$ _____	
Reconciliation –designated	\$ _____	for _____

**Regional Giving**

Designated DMF for CCNC-N Region	\$ _____	for _____
Regional Women’s Ministry Operating Fund	\$ _____	
Regional Women’s Ministry Designated Gifts	\$ _____	for _____

**Gifts for Other Causes** (please specify) \$ \_\_\_\_\_ for \_\_\_\_\_

**Total Amount Remitted** \$ \_\_\_\_\_