

AMERICAN BAPTIST WOMEN'S MINISTRIES OF NEW YORK STATE

CAPITAL AREA BAPTIST ASSOCIATION REMITTANCE FORM

Please send contributions by March 1st

Date: _____

Name of Church: _____

Name of person sending form: _____ Phone or email: _____

Address: _____

	Gift to: Fund/Area	Description	Amount
1	NYS General Fund	To support the operation of ABW Ministries NYS	
2	NYS Leadership Development	To assist with state training and/or spiritual events	
3	NYS Scholarship Fund	To assist ABW NYS students with college financial needs	
4	NYS AB Girls	To support the work of the AB Girls as they strive to grow and become active across the state	
5	NYS Special Project	To support the current designated mission project selected by ABW NYS	
6	Association Support	To support the operation of our CABA ABWM	
7	National Support	To support the work of ABW Ministries USA	
8	Women & Girls Mission Fund Non-designated	To respond to national mission needs that benefit women and girls, including short term mission projects, AB Girls, Leadership Development, and Refit. Non-designated	
8a	Women & Girls Mission Fund Designated: AB Girls	To support the work of the AB Girls as they strive to grow and become active across the nation .	
8b	Women & Girls Mission Fund Designated: Leadership Development	To assist with national training and/or spiritual events	
8c	Women & Girls Mission Fund Designated: Refit	To help missionaries prepare for going to, or returning from the mission field	
		TOTAL AMOUNT OF CHECK	

Checks Payable to: ABW of CABA

Send remittance form and Check to: Lorraine Brownell, Treasurer
3 Pine Hill Rd.
Buskirk, NY 12028

Phone & email for questions: 518/686-7737 or Lbrownell6@gmail.com

For Treasurer's use:	Check #: _____	Date Received: _____
	Date Posted: _____	Date Deposited: _____