



**NORTH TEXAS**  
— BAPTIST ASSOCIATION —

**Contribution Form**  
Please Print

Date: \_\_\_\_\_

Church/Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Treasurer's Name: \_\_\_\_\_

Operating Budget	\$ _____
Impact North Texas Offering	\$ _____
Other Designated	\$ _____
Total	\$ _____

Thank you for your support!