

# Congregational Remittance Form for Disciples Mission Fund

**Christian Church (Disciples of Christ)  
of Northern California-Nevada  
9260 Alcosta Blvd., C-18  
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 #   
Check #            Amount    \$  
Check #            Amount    \$  
Check #            Amount    \$

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remitted by \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Email: \_\_\_\_\_

Please make check payable to "CCNC-N"  
Please send check and form to **Christian Church of Northern California-Nevada  
(Disciples of Christ)  
9260 Alcosta Blvd. C-18  
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 to DMF                    \$ \_\_\_\_\_  
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 giving for CCNC-N Region                    \$ \_\_\_\_\_ For \_\_\_\_\_  
Regional Women's Ministries Operating Fund                    \$ \_\_\_\_\_  
Regional Women's Ministries Designated Gifts                    \$ \_\_\_\_\_ For \_\_\_\_\_

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

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