

Church Year: ☐ 2024 (Assembly Year 2024-2025)
Church Year: ☐ 2025 (Assembly Year 2025-2026)

MID-ATLANTIC DISTRICT
CHURCH of the NAZARENE
REMITTANCE SLIP

Church or Name _____ Date _____
Amount of Check \$ _____ Check # _____

APPLY TO:

10% Funding the Mission \$ _____ (includes NBUSA, EDU, District, NMI, NDI, NYI)
Missional Ministry \$ _____ District Loan \$ _____ Family Camp \$ _____
Insurance: Pastor's Name _____ \$ _____
Other _____ \$ _____

Make checks payable to: **MID-ATLANTIC DISTRICT TREASURER**
Send to: PO Box 635, Glen Burnie, MD 21060-0635

For Office Use Only	
NBUSA	_____
EDU	_____
District	_____
NMI	_____
NDI	_____
NYI	_____

cut here -----

Church Year: ☐ 2024 (Assembly Year 2024-2025)
Church Year: ☐ 2025 (Assembly Year 2025-2026)

MID-ATLANTIC DISTRICT
CHURCH of the NAZARENE
REMITTANCE SLIP

Church or Name _____ Date _____
Amount of Check \$ _____ Check # _____

APPLY TO:

10% Funding the Mission \$ _____ (includes NBUSA, EDU, District, NMI, NDI, NYI)
Missional Ministry \$ _____ District Loan \$ _____ Family Camp \$ _____
Insurance: Pastor's Name _____ \$ _____
Other _____ \$ _____

Make checks payable to: **MID-ATLANTIC DISTRICT TREASURER**
Send to: PO Box 635, Glen Burnie, MD 21060-0635

For Office Use Only	
NBUSA	_____
EDU	_____
District	_____
NMI	_____
NDI	_____
NYI	_____

cut here -----

Church Year: ☐ 2024 (Assembly Year 2024-2025)
Church Year: ☐ 2025 (Assembly Year 2025-2026)

MID-ATLANTIC DISTRICT
CHURCH of the NAZARENE
REMITTANCE SLIP

Church or Name _____ Date _____
Amount of Check \$ _____ Check # _____

APPLY TO:

10% Funding the Mission \$ _____ (includes NBUSA, EDU, District, NMI, NDI, NYI)
Missional Ministry \$ _____ District Loan \$ _____ Family Camp \$ _____
Insurance: Pastor's Name _____ \$ _____
Other _____ \$ _____

Make checks payable to: **MID-ATLANTIC DISTRICT TREASURER**
Send to: PO Box 635, Glen Burnie, MD 21060-0635

For Office Use Only	
NBUSA	_____
EDU	_____
District	_____
NMI	_____
NDI	_____
NYI	_____

cut here -----

Church Year: ☐ 2024 (Assembly Year 2024-2025)
Church Year: ☐ 2025 (Assembly Year 2025-2026)

MID-ATLANTIC DISTRICT
CHURCH of the NAZARENE
REMITTANCE SLIP

Church or Name _____ Date _____
Amount of Check \$ _____ Check # _____

APPLY TO:

10% Funding the Mission \$ _____ (includes NBUSA, EDU, District, NMI, NDI, NYI)
Missional Ministry \$ _____ District Loan \$ _____ Family Camp \$ _____
Insurance: Pastor's Name _____ \$ _____
Other _____ \$ _____

Make checks payable to: **MID-ATLANTIC DISTRICT TREASURER**
Send to: PO Box 635, Glen Burnie, MD 21060-0635

For Office Use Only	
NBUSA	_____
EDU	_____
District	_____
NMI	_____
NDI	_____
NYI	_____