

Southern Baptist Conference of the Deaf

SBCD Gift Form

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Your Name/Title	
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Phone <input type="checkbox"/> TTY <input type="checkbox"/> VP <input type="checkbox"/> Voice	
1. Reported as SBCD General Program Gifts	
General Program funds will be distributed based on the current year budget percentage _____ \$ _____	
2. Other Designated Gifts	
William L. Asbridge Memorial (General Program)	\$ _____
J. W. Michaels Missions (International Missions)	\$ _____
Bearden/Bruffey Missions (North American Missions)	\$ _____
Ephphatha Deaf Ministry Training Scholarship	\$ _____
Other:	\$ _____
Other:	\$ _____
<p style="text-align: center;"><i>Thank you for your gifts.</i> <i>Please return this form with your gift to:</i></p> <p style="text-align: center;">Southern Baptist Conference of the Deaf c/o Tom Linares, SBCD Treasurer 2031 Sandra Drive Clearwater, FL 33764</p> <p>Web page: www.sbcdeaf.org • E-mail: treasurer@sbcd deaf.org</p>	<p style="text-align: center;">\$ _____</p> <p style="text-align: center;">Total Amount Enclosed (Total of 1 & 2)</p>