**Johnston District Missionary Baptist Association, Inc.**

**Church Representation Institute Form**

**Church Name:** **Date:**

Event Location:

*Please use this form when making financial contributions*

|  |  |  |  |
| --- | --- | --- | --- |
| **Check #** | **Amount** | **Cash** | **Total** |
|  |  |  |  |
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Make all checks payable to JDMBA, Inc.

Comments:

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JDMBA, Inc. Institute Form #3—4/ 2019