

Report Form for the Greater New Jersey Conference

Two weeks following *A Future with Hope Commitment Sunday*, the Church Treasurer should email the following report to your superintendent and JStorer@gnjumc.org.

A Future With Hope Mission Fund Campaign Remittance Form

Date	_____	
Church #	_____	
Church Name/City	_____	
Contact Name/Phone Number	_____	
Total Amount	_____	
a. Received	_____	(church RETAINS 25% of total receipts)
b. Retained Amount	_____	(church REMITTS 75% of total receipts)
c. Remitted Amount	_____	
d. Restricted Gifts by Donor:	Sandy Recovery	_____
<i>if applicable</i>	Imagine No	_____
e.	Malaria	_____

Please mail this remittance form with check to:
GNJAC - Mission Fund Campaign, 1001 Wickapecko Dr, Ocean, NJ 07712

It is important to complete the Remittance Form correctly so that the Conference Treasurer's Office is able to accurately track all funds raised for the *A Future with Hope Mission Fund* including those retained by the local church as well as those sent to the Greater New Jersey Annual Conference (GNJAC).

The local church should REPORT the full amount received for the campaign but RETAIN 25% of all received monies.

Please enter the following:

Line a. Enter the total amount received for *A Future with Hope Mission Fund Campaign*.

Line b. Enter the amount received for *A Future with Hope Mission Fund Campaign* that will remain at the local church for local church missions. *As per the resolution passed at the 2013 Annual Conference, 25% of all funds raised by the local church for the A Future With Hope Mission Fund will remain at the local church for use towards local church missions.*

Line c. Enter the total amount of the check being sent to GNJAC. *As per the resolution passed at the 2013 Annual Conference, 75 % of all funds raised by the local church for A Future With Hope Mission Fund will be remitted to GNJAC for GNJ Sandy Relief and Imagine No Malaria.*

Line d. Enter the amount specifically designated by the donor for the GNJ Sandy Relief Fund *if applicable*.

Line e. Enter the amount specifically designated by the donor for the Imagine No Malaria Campaign *if applicable*.