



Miracles Everywhere Campaign Remittance Form

Date: _____

Church Name: _____

Church Number: _____ Contact Person: _____

Phone: _____ Email: _____

Name(s) on pledge if other than church: _____

Please apply the following amounts to my pledge:

Enclosed is \$ _____ for the Miracles Everywhere Campaign to be divided among projects proportionately.

Enclosed are designated funds for projects specified below:

Next Gen Ministries: \$ _____

A Future with Hope: \$ _____

Puerto Rico Relief: \$ _____

U.S. Hurricane Disaster Relief: \$ _____

Tanzania Project: \$ _____

Total Amount Remitted: \$ _____ Check Number: _____

Thank you so much for your generous donation.



UNITED METHODIST
STEWARDSHIP FOUNDATION
OF GREATER NEW JERSEY



UNITED METHODISTS
OF GREATER NEW JERSEY