

Please complete all fields below and return this form with your gift if your group chooses to support **Children's Hunger Fund** through your VBS Mission Moment.

CHURCH NAME					
STREET ADDRESS					
SIREET ADDRESS					
CITY				STATE ZIP COD	E E
CHURCH EMAIL					
CHURCH PHONE	PAST	OR NAME			
CONTACT NAME FOR THIS F	PROJECT				
CONTACT EMAIL ADDRESS					
CUNTACT EMAIL ADDRESS			L L DOES NOT 11		
CONTACT PHONE		Check here if yo	our church DUES NUT WISH	o receive important updates about CHF	
CONTACT FITUINE					
CHECK	AMOUNT	CATEGORY	BENEFITS		
CHECK ONE	AMOUNT 5100-\$499	CATEGORY Amazing Ambassador		tion + your group listed on	
CHECK ONE		Amazing	Certificate of apprecia CHF's website Certificate of apprecia	tion + your group listed on tion + your group listed on CHF's to be featured on CHF's social	
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