



CHURCH:	
CITY:	
PASTOR:	
CSF AMOUNT ENCLOSED:	
FOR THE MONTH OF:	

Please return your check with this remittance form, using one of the labels we sent you by snail mail. Do not fold, cut or staple.

CHECKS ARE MADE PAYABLE & MAILED TO:

**CROSSROADS DISTRICT
PO BOX 7186
FISHERS IN 46038**

This form is on the district website:
www.crossroadsdistrict.org



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