



Gift Remittance Form

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ (Work) _____

Email address: _____

Gift Amount Enclosed \$ _____

Or, please charge my Visa _____ Master Card _____ Discover _____ American Express _____

Card # _____ Exp. Date: _____ Sec. Code: _____ Gift Amount \$ _____

One Time Gift _____ Monthly Recurring Gift _____ Annual Gift _____

Is this gift in honor/memory of a loved one? If so,

Their name: _____

Relationship to you: _____

Name/Address for Honor/Memorial Card: _____

City _____ State _____ Zip _____

Please make your check payable to MABTS and mail with this form to:

Mid-America Baptist Theological Seminary
P.O. Box 2350, Cordova, TN 38088-2350

Gift Planning/Endowed Scholarships

Please send me additional information concerning:

- Wills Bequests Trusts Endowed Scholarships Lifetime

Cumulative Giving Would you let us know if you:

- Have included Mid-America in your will Plan to include Mid-America in your will

Special notes: _____