



BIBLE FELLOWSHIP CHURCH BOARD OF MISSIONS
MISSIONS BUDGET OF THE LOCAL CHURCH

FORM AA

Please return to the BFC Board of Missions
1011 Brookside Road P.O. Box 3555
Allentown, PA 18106-0555

1. Church Name: _____ Location: _____

2. Date this form is being completed: _____
This form should be submitted as soon as possible after your budget has been approved by the congregation.

3. Name of treasurer _____ 4. Telephone: _____

5. The Budget below is for your fiscal year beginning _____

A. Designated Missionary Support

| <u>Name of Missionary/Account</u> | <u>Annual Amount</u> |
|-----------------------------------|----------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. <u>Director – Weller</u> | _____ |

B. Total Designated Missionary Support [_____]

C. Board Ministries
* (10% of line B is needed by the Board of Missions to administer and care for your missionaries) _____

D. Missionary Retirement
*(3% of line B is needed to meet the needs of Bible Fellowship missionaries in retirement) _____

E. Ethnic Church Planting _____

F. Special Contributions as listed

G. GRAND TOTAL [_____]