



Mail to: Kayla Marek, Financial Secretary
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Unity of the Brethren – FUNDS DISTRIBUTION MEMO

Congregation / Contributor / Donor: _____

Person completing this form: _____

Contact for person completing this form: _____
(phone number) (email address)

Check Number: _____ Date: _____
(Please use only ONE check per FDM. Ensure that this form is filled correctly, FDM will override check memo.)

FUND	Period Covered Year/Quarter	AMOUNT
<input checked="" type="checkbox"/> American Bible Society	Please send to: ABS, 101 N. Independence Mall East FL8 Philadelphia, PA 19100-2155 USA	
<input type="checkbox"/> Brethren Fund Assessment \$40 per active member	_____	\$ _____
<input type="checkbox"/> Brethren Journal	_____	\$ _____
<input type="checkbox"/> Church Extension	_____	\$ _____
<input type="checkbox"/> Contingency	_____	\$ _____
<input type="checkbox"/> Convention	_____	\$ _____
<input type="checkbox"/> Educational Ministries / Youth Coordinator	_____	\$ _____
Hus Encampment	_____	
Capital Improvements	_____	\$ _____
<input type="checkbox"/> Operating	_____	\$ _____
<input type="checkbox"/> Hus School Food Account	_____	\$ _____
<input type="checkbox"/> Hus School Cleaning	_____	\$ _____
<input type="checkbox"/> Ministerial Student	_____	\$ _____
<input type="checkbox"/> Missions:	_____	
<input type="checkbox"/> Foreign Missions	_____	\$ _____
<input type="checkbox"/> Home Missions	_____	\$ _____
<input type="checkbox"/> Other:	_____	
<input type="checkbox"/> _____	_____	\$ _____
<input type="checkbox"/> _____	_____	\$ _____
<input type="checkbox"/> _____	_____	\$ _____
<input type="checkbox"/> _____	_____	\$ _____

TOTAL CONTRIBUTIONS: \$ _____

☐ Acknowledgement Requested – Your cancelled check will serve as your receipt unless this box marked. Form updated 9-30-2023