



# Church Payment Form

*Please list the full name, grade, and amount you are paying for each camper separately.*

**Make checks payable to: BIBLE MEMORY MINISTRIES**

**Email To:** [office@bmm.life](mailto:office@bmm.life) **Mail Check To:** PO BOX 823, GOSHEN, IN 46527

Church Name \_\_\_\_\_ Church Address\_\_\_\_\_

Camp State: \_\_\_\_\_ Total paid: \$\_\_\_\_\_ Check #\_\_\_\_\_ Date\_\_\_\_\_

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