

cooperativeministries2010

Commitment Form

Thank you for your prompt attention to the Cooperative Ministries Commitment Form for 2010. Your assistance by completing it is the first of many steps we will take together over the coming year as “a community of believers who worship and obey God and share the Good News of Jesus with all people” (BIC Church mission statement). As congregations like yours pool time, talent, and treasure in common purpose with other Brethren in Christ churches, God is able to do more than we could imagine. Through its Cooperative Ministries giving, your church is part of ministry goals with a national and international reach.

A contribution of 10 percent of regular offerings to Cooperative Ministries is the starting point toward which all Brethren in Christ congregations are encouraged to aim. As God blesses, it is anticipated that churches will go beyond the 10 percent threshold in their CM contribution.

DEADLINE: Please fill out this form no later than **February 12, 2010.**

Conference:

Congregation:

Our **Estimated Operating Budget** for 2010 is:



“Operating budget” refers to the regular expenses incurred on an annual basis by the congregation as it pursues its ministry plans, including rent and/or mortgage payments and expected maintenance of your facilities and equipment. If your church is involved in a special capital project (new construction or expansion), these costs **SHOULD NOT** be included on this line.

Our commitment to

Cooperative Ministries - Shared is:



Commitments that come to Cooperative Ministries are distributed among three categories of ministry activity: encouraging leaders for ministry; starting and supporting healthy congregations; and going to all the world.

Our commitment to

Cooperative Ministries - Designated is:



Designating within Cooperative Ministries does not increase the overall program budget for a particular ministry emphasis beyond the approved percentage of distribution. Designations do, however, buffer a ministry area from the impact of cuts in case of a budget shortfall.

Name of person completing this form:

Return this form to: Pamela Arnold
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