MIDDLE DISTRICT MISSIONARY BAPTIST ASSOCIATION

P O BOX 121 BURGAW, NORTH CAROLINA 28425

QUOTA SUBMITTAL FORM (REVISED) JANUARY, “2021”

FOR CALENDAR YEAR: “2022” Due on or before Mid-Year Session (March 2022)

NAME OF CHURCH:

CHURCH PHYSICAL ADDRESS:

CHURCH MAILING ADDRESS:

PASTOR’S NAME:

CONTACT’S NAME:

CONTACT’S PHONE #:

PURPOSES: TO PAY THE DAY-TO-DAY OPERATIONAL EXPENSES OF THE MIDDLE DISTRICT MISSIONARY ASSOCIATION INC.

PLEASE FILL IN EACH CATEGORY ACCORDING TO YOUR CHURCH MEMBERSHIP.

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| CATEGORIES | AMOUNT | CHURCH CONTRIBUTION |
|  |  |  |
| MDMBA ANNUAL SESSION | $1.00 per MEMBER\*REQUIRED | $ |
| BUILDING MAINTANCE | STANDARD\* | $400.00\* |
| EWY INSTITUTE | ANNUAL Maintenance assessment | $ 50.00\* |
| MINISTERS & DEACONS UNION | $25.00/QUARTER\* | $100.00\* |
| USHERS UNION | $25.00/QUARTER\* | $100.00\* |
| USHERS ANNUAL | $25.00\* | $ 25.00\* |
| CONGRESS OF C EDU. | $1.00 \*per member | $ |
| MAKING A DIFFERENCE | $1.00 \*per member | $ |
| WOMEN’S AUX. ANNUAL | $50.00 per Church\* | $ 50.00 |
| DOZ ANNUAL SESSION | $25.00 per Church\* | $ 25.00 |
| DOZ MID-YEAR | $25.00 per Church\* | $ 25.00 |
| YOUTH MINISTRY | $25.00 per Church\* | $ 25.00 |
| EMERGENCY/DISASTER RELIEF | $100.00 per Church\* | $100.00\* |
| LOTT CAREY MISSIONS | Church’s Choice of Donation | $ |
| GBSC STATE MISSIONS | Church’s Choice of Donation | $ |
| WBHFMC, Inc. (LaMay) | Church’s Choice of Donation | $ |
| WBHFMC (Johnson) | Church’s Choice of Donation | $ |
| OTHER/MISCELLANEOUS | Church’s Choice of Donation | $ |
| SUBTOTAL CONTRIBUTIONS |  | $ |
| TOTAL CONTRIBUTIONS |  | $ |

\*\*ALL CHURCHES ARE ASKED TO GIVE A LIBERAL DONATION FOR LOTT CAREY GLOBAL MINISTRIES, GBSC STATE

MISSIONS, WBHFMC (of your choice). ALL OTHER FEES ARE REQUIRED PER CHURCH AS STATED.

COMPLETE THE QUOTA SUBMITTAL FORM (PRIOR TO THE MID-YEAR SESSION OF EACH CALENDAR YEAR)

MAKE CHECKS PAYABLE TO: MIDDLE DISTRICT MISSIONARY BAPTIST ASSOCIATION INC.

P O BOX 121 BURGAW, NORTH CAROLINA 28425

QUESTIONS: CALL MRS. LENA HANSLEY AT (910) 285-7554 or DR. CATHY MATTHEWS AT (910) 231-0684

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SIGNATURE OF PERSON COMPLETING PRINTED NAME DATE