

# 2024 Aim Payment Form

**\*\*Make checks to: MDC or Minnesota District Council\*\***

\* This form **must** accompany checks sent in for aim payments \*

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

Aim trip location \_\_\_\_\_

Amount of check \_\_\_\_\_

Date \_\_\_\_\_

## **Students to be credited:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

## **Contact person at the church & contact information**

\_\_\_\_\_

Check # Amount

---

---

---

Notes: