

# 2025 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:**

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

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Notes: