2019 Aim Payment form

** This form <u>must</u> accompa	any checks sent in for aim payments *
Church Name	
Aim trip location	
Amount of check	
Date	
Students to be cred	ited:
	_
	_
	_
	_
	- -
Contact person at the ch	- - urch Contact information
contact person at the ch	
Check # Amount	
	Notes: