The Missionary Helper

Please direct all inquiries, changes, orders, and payments to:
Woman's Baptist Convention of NC
PO Box 1818
Raleigh, NC 27602

Part 1

Baptist Headquarters 603 South Wilmington Street Raleigh, NC 27601

• •	8	3 ,
ingle Copies\$2	25 or more Single co	pies to a single address\$1
(Cost Per Copy)	25 on mono Cubagnin	(Cost per Co
early Subscription \$8	25 of more subscrip	tions to a single address\$7.
All changes and request must	t be submitted in writing (email	or mail) by the contact perso
	please fill-in and return the ba	
Please note the d	leadline for corrections and abi	de by them closely.
Church/Missionary	Circle Subscription Must Be Se	nt to a Single Address
	ORDER FORM	
Please circle one:	New Subscription	Renewal Subscription
Please Circle a payment so	chedule: Annual	Quarterly
		<u> </u>
	Helpers.	
Church		Phone
Mail To:		
	State	
Email		
Number of Helpers Each	Quarter	
Contact Person		
Address		
City	State	Zip
Email		
	~OR~	
Individual Subscriber		
Address		
City		Zip
Email		Phone

The Helper is published quarterly by the

(Make all checks or Money Orders payable to Woman's Baptist State Convention of NC)

Number of Helpers Requested _____

Amount Enclosed _____

Woman's Baptist Home and Foreign Missionary Convention of NC

The Missionary Helper

Please direct all inquiries, changes, orders, and payments to:
Woman's Baptist Convention of NC
PO Box 1818
Raleigh, NC 27602

Part 2

~This side is to be used for CHANGES/CORRECTIONS only~

The mailing process begins the last month of each quarter. In order to give time for all corrections to be made and to insure all changes are applied for the current mailing, please mail or email(datamanager@wbhfmc.org) all amendments on or before the Friday of the 3rd week of the second month of the quarter (February, May, August, or November). If these changes are not received either before or by Friday of that week they will not go into effect until the following quarter.

PLEASE FILL-IN ALL AREAS THAT NEED TO BE CORRECTED. ALL OTHER PARTS OF YOUR ORDER WILL REMAIN THE SAME.

	CH CORRECTIONS ARE BEING MADE	Phone
		THORE
Address		7.
	State	_ Zip
Email		_
SUBSCRIPTION CANCELLATION		
CHANGE NUMBER OF COPIES REQU	DESTED	
CHANGE OF CONTACT PERSON		
Contact Person		Phone
Address		
	State	Zip
Email		
CHANGE OF ADDRESS FOR INDIVID	OUAL SUBSCRIPTION	
Name		Phone
Address		
	State	Zip
Email		
Payment Enclosed (for increase in nu	mber of Helpers ordered)	
Signature		te

The Helper is published quarterly by the Woman's Baptist Home and Foreign Missionary Convention of NC