

PAYMENT INFORMATION

Name _____

Address _____

City, State, Zip Code _____

Phone Number _____

For credit card payment, please visit our payment portal on our website at www.umc.oimc.org. Choose OIMC Gala.

You may also contact our office to share credit card information over the phone.

☐ Check Enclosed

Amount Due \$ _____

Please make checks payable to The Oklahoma Indian Missionary Conference