## **Congregation Remittance Form**

944 24 1/4 Street, Suite 2 Chetek, WI 54728 715-859-6810

Date	Remittance for the month of
Congregation Name	Cong. Code
Congregation Mailing Address_	
Treasurer's Name/Address/Phor	ne
	SYNOD MISSION SUPPORT
These contributions from our	and an existing one with the factor and associated of the Newthern of
	congregation are given for the mission and ministry of the Northwest
Syriou or wisconsin and the r	Evangelical Lutheran Church in America throughout the world.
	\$
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Other Designated Contributions:	
ELCA World Hunger Appeal	\$
Lutheran World Relief	\$
Missionary Sponsorship	<b>\$</b>
Name of sponsored mission	ary
Contributions to the Bishop's Cri	sis Fund \$
Other Gifts Not Listed Above (Pl	ease designate purpose and amount.)
For	<u> </u>
For	<u> </u>
Total Remittance	\$

**INSTRUCTIONS:** Send this form with your check(s) to the Northwest Synod of Wisconsin, 944 24 1/4 St., Suite 2, Chetek, WI 54728. *All checks must be made payable to the Northwest Synod of Wisconsin*. Retain a copy of this form as your receipt. Your remittance will only be recorded as a receipt for a particular month if the check is received by the last business day of that month. Congregations will receive periodic statements of their benevolence. If you have questions, please contact Liz Bartsch, Synod Bookkeeper, at 715-859-6810 or email lbartsch@nwswi.org.

Thank you for supporting the mission and ministry of our church!

