LEHIGH PRESBYTERY

3231 W Tilghman St Allentown PA 18104

REMITTANCE FORM FOR MISSION GIVING and PER CAPITA PAYMENTS

-, <u>-</u>	PIN #:		NAME OF PREPARER: _		
PREPA	RER'S PHONE:	EMAIL			
PREPAR	RER'S Position: Church Treasurer	Office/Financi	al Administrator Other:		
DISTI	RIBUTION OF FUNDS (In	structions on	back):		
A. Bas	sic (Pledged) Mission Supp	ort		\$	
<u>In</u>	dicate how your session wis	hes these fund	Is to be distributed (should	ld match your Annual Ple	edge):
	Unified Mission Support (Ur	nless noted bel	low, all Unified Mission w	vill go to Shared Miss	sion funds)
	Presbytery Recommended Formu	ula: 60% Lehigh F	Presbytery; 35% General Asse	embly; 5% Synod	
	Session Designated Missio	n Support			
	Lehigh Presbytery Mission	\$	Shared	Directed (Complete	e box below)
	General Assembly Mission	\$	Shared	Directed (Complete	e box below)
	Synod of the Trinity Mission	\$	Shared	Directed (Complete	e box below)
	Directed Mission Support project or care team. If Circle One Presbytery – GA - Synod	Please list each proj Proj	ect individually – continue on bac	ck if more room is needed. oject Number (if applicable	e) <u>Amour</u>
	project or care team. I	Please list each proj <u>Proj</u>	ect individually – continue on bac ect Name Pro	ck if more room is needed. oject Number (if applicable	<u>Amour</u> \$
B The	project or care team. A Circle One Presbytery – GA - Synod Presbytery – GA - Synod Presbytery – GA - Synod	Please list each proj Proj	ect individually – continue on bac ect Name Pro	ck if more room is needed. oject Number (if applicable	S
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