

# Western Iowa Synod E.L.C.A.

## Remittance Form

Date \_\_\_\_\_

Congregation Number: \_\_\_\_\_

Congregation Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Treasurer's Daytime Phone: \_\_\_\_\_

### MAKE CHECKS PAYABLE TO THE WESTERN IOWA SYNOD-ELCA.

Make a copy of this form for your congregation and send the original to the synod office. Thank you.

Mission Support      \$ \_\_\_\_\_      Check No. \_\_\_\_\_

Designated:  
World Hunger      \$ \_\_\_\_\_  
Lutheran World Relief      \$ \_\_\_\_\_  
Global Missions      \$ \_\_\_\_\_  
Missionary Sponsorship      \$ \_\_\_\_\_

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Missionary Sponsorship      \$ \_\_\_\_\_

Name: \_\_\_\_\_

Place: \_\_\_\_\_

Other

\_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_

\_\_\_\_\_      \$ \_\_\_\_\_      \_\_\_\_\_

TOTAL ENCLOSED      \_\_\_\_\_

Office Use
_____
_____
_____
_____
_____

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_____
_____

MAIL TO:      PO Box 577  
Storm Lake, IA 50588  
712-732-4968