



PLEASE COMPLETE IN FULL THE CONGREGATION, CONTACT, AND REMITTANCE SECTION DIRECTLY BELOW ON ALL SUBMISSIONS. A COPY SHOULD BE KEPT FOR YOUR RECORDS.

CONGREGATION		CONTACT PERSON	
Cong. ID #:		Name:	
Cong Name:		Phone:	
Cong City:		Email:	

REMITTANCE INFORMATION						
Check Date:		Check #:		Amount:	\$	
Monies received in month of ("X" the appropriate month):	Jan July	Feb Aug	Mar Sept	Apr Oct	May Nov	June Dec

I MISSION SUPPORT	\$ _____
II CHURCHWIDE DESIGNATED BENEVOLENCE	
Blanket Sunday	\$ _____
Disaster Response Funds	\$ _____
Domestic Disaster Relief	\$ _____
Global Mission	\$ _____
God's Global Barnyard	\$ _____
Kenya (KELC)	\$ _____
Lutheran World Relief (LWR)	\$ _____
World Hunger Appeal	\$ _____
Name of Missionary Sponsorship (Enter one per line)	_____
	\$ _____
	\$ _____
COVID-19	\$ _____
Other	\$ _____
Other	\$ _____
TOTAL II	\$ _____

III OTHER BENEVOLENCES
Non-Synod/Non-Churchwide gifts should be sent directly to the recipient **not** to the Synod office.

IV SYNODICAL DESIGNATED BENEVOLENCE	
PSU-Campus Ministry	\$ _____
Allegheny Lutheran Soc. Min.	\$ _____
Harvest Home (ALSM)	\$ _____
United Seminary	\$ _____
Sequanota Lutheran Camp	\$ _____
Seminarian Endowment	\$ _____
Bishop's Discretionary Fund	\$ _____
Mission Partner Gifts (Enter one per line)	_____
	\$ _____
	\$ _____
	\$ _____
TOTAL IV	\$ _____

V OTHER REMITTANCES	
Synod Assembly Registration	\$ _____
Youth Event Registration	\$ _____
Bishop's Convo. Registration	\$ _____
	\$ _____
TOTAL V	\$ _____

Please Make Checks Payable & Remit To
Allegheny Synod, ELCA
916 Hickory Street
Hollidaysburg, PA 16648
814-942-1042
www.alleghenysynod.org
office@alleghenysynod.com

REMITTANCE SUMMARY		
I	Mission Support	\$ _____
II	Churchwide Desig. Benevolences	\$ _____
III	Other Benevolences	DO NOT SEND TO THE SYNOD OFFICE
IV	Synodical Desig. Benevolences	\$ _____
V	Other Remittances	\$ _____
TOTAL AMOUNT ENCLOSED		\$ _____