

SOUTHWESTERN TEXAS SYNOD MISSION SUPPORT REMITTANCE FORM

+ Mission Support
(ELCA & Synod)

For the month of _____, 201__

\$ _____

Congregation ID# _____ Name & Address: _____

Special Ministries designated below:

For Synod Office Use

_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Please make a copy of this form for your records before submitting with your check made payable to:

Southwestern Texas Synod
1090 Oestreich Dr.
Seguin, TX 78155-3403

TOTAL AMOUNT OF CHECK \$

Check Number:

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