

SOUTHWESTERN TEXAS SYNOD MISSION SUPPORT REMITTANCE FORM

For the month of _____, 200__



Mission Support
(ELCA & Synod)

\$ _____

Name/ID#

Address:

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

Special Ministries designated below:

For Synod
Office Use

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

TOTAL AMOUNT OF CHECK \$

Check Number:

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