

SOUTHWESTERN TEXAS SYNOD MISSION SUPPORT REMITTANCE FORM

For the month of

✝ **Mission Support**
(ELCA & Synod) \$

For Synod
Office Use

Special Ministries designated below:

| | | |
|--|----|--|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

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

**Southwestern Texas Synod
1090 Oestreich Drive
Seguin, TX 78155-3403**

TOTAL AMOUNT OF CHECK \$

Check Number: