

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.	_____	Office Use	
Designated:					
World Hunger	\$ _____			_____ _____ _____ _____	
Lutheran World Relief	\$ _____				
Global Missions	\$ _____				
Missionary Sponsorship	\$ _____				
Name: _____					
Place: _____					
Missionary Sponsorship	\$ _____			_____ _____ _____ _____	
Name: _____					
Place: _____					
Other _____					
	\$ _____				
	\$ _____				
	\$ _____				
TOTAL ENCLOSED	\$ _____				

MAIL TO:
 318 E. 5th St.
 Storm Lake, IA 50588
 712-732-4968

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