

2017 MISSION REMITTANCE FORM
 PRESBYTERY MISSION TREASURY SERVICE
 PRESBYTERY OF LAKE HURON ~ PO Box 6129 ~ SAGINAW, MICHIGAN 48608-6129
 800-621-6905 (office) ~ 989-799-5286 (fax)

Church name _____ Date _____
 Form completed by _____ Church PIN _____
 Daytime phone _____ Amount enclosed _____

PLEASE DISTRIBUTE THE ENCLOSED REMITTANCE AS FOLLOWS:

PLAN A: Shared Mission Support to be divided according to recommended formula adopted by
 Presbytery: GA = 29%, Synod = 0%, Presbytery = 71%
 \$ _____

Use Plan B ONLY if Session committed to percentages different than in Plan A.

PLAN B: Basic Mission Support to be divided as follows:

For mission administered by General Assembly

Shared Mission (1000)	\$ _____	
Directed Mission (2000-list below)	\$ _____	
Total General Assembly Support		\$ _____

For mission administered by Synod

Shared Mission (1001)	\$ _____	
Directed Mission (2100-list below)	\$ _____	
Total Synod Support		\$ _____

For mission administered by Presbytery

Shared Mission (1002)	\$ _____	
Directed Mission (2200-list below)	\$ _____	
Total Presbytery Support		\$ _____

SPECIAL OFFERINGS:	AMOUNT:
One Great Hour of Sharing (3000)	\$ _____
Christmas Joy (3001)	\$ _____
Peacemaking (3002/3003/3004)	\$ _____
Pentecost (3005)	\$ _____
Two-Coins-A-Meal (3006/3007)	\$ _____

OTHER:

Emergency Disaster Relief (4000-identify disaster below)	\$ _____
Presbyterian Hunger Fund (7001)	\$ _____
Extra Commitment (6000-identify project below)	\$ _____
Other (identify project below)	\$ _____

PROJECT/DISASTER NAME	CODE	PROJECT #	AMOUNT

Make a copy of your completed form for your records.
 Forward the completed original with your check to the above address.