

Mission Support – New Jersey Synod, ELCA

1930 State Highway 33, Hamilton Square, NJ 08690

Date _____

Congregation: _____

Address: _____

City/State/Zip: _____

NJ Synod Number: _____

All checks must be made payable to: NEW JERSEY SYNOD, ELCA

Please provide a project name for all Synod and ELCA designated giving.

The enclosed mission support check is to be allocated as follows:

<u>Synod / Churchwide Mission Support</u>	\$ _____
<u>World Hunger</u>	\$ _____
<u>Compensation Aid Fund</u>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL GIFTS	\$ _____

Check number: _____

Treasurer: _____

Contact information: _____

**PLEASE KEEP A COPY OF THIS SHEET
FOR YOUR RECORDS**

Form updated January 2006

Office Use Only

Check Received _____

Date Deposited _____