

A copy of this form must accompany every check!

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:

Synod / Churchwide Mission Support \$ _____

World Hunger \$ _____

Compensation Aid Fund \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

Other _____ \$ _____

TOTAL GIFTS \$ _____

Check number: _____

Treasurer: _____

Contact information: _____

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

Form updated December 2009

Office Use Only

Check Received _____

Date Deposited _____