

**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:

<b><u>Synod / Churchwide Mission Support</u></b>	\$ _____
<b><u>World Hunger</u></b>	\$ _____
<b><u>Compensation Aid Fund</u></b>	\$ _____
<b><u>NJ Mission Partner Congregation</u></b>	
<i>(name)</i> _____	\$ _____
<i>Other</i> _____	\$ _____
<i>Other</i> _____	\$ _____
<i>Other</i> _____	\$ _____
<b>TOTAL GIFTS</b>	\$ _____

**Check number:** \_\_\_\_\_

**Treasurer:** \_\_\_\_\_

Contact information: \_\_\_\_\_

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

*Form updated December 2011*

*Office Use Only*

Check Received \_\_\_\_\_

Date Deposited \_\_\_\_\_