

## MISSION SUPPORT REMITTANCE

Enclosed is remittance for the month of \_\_\_\_\_ in the year \_\_\_\_\_

Mission Support .....	\$ _____
World Hunger.....	\$ _____
Synod's Mission Fund.....	\$ _____
(for new missions & redeveloping congregations)	
Global Missions.....	\$ _____
Missionary Sponsorship (must specify).....	\$ _____
(must specify).....	
(must specify).....	
Other Designated Gifts (must specify).....	\$ _____
(must specify).....	
(must specify).....	
NIS Mission Endowment.....	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**Make checks payable to:**  
**NORTHERN ILLINOIS SYNOD, E.L.C.A.**  
**639 38th Street, Rock Island, IL 61201-2210**

**We have met our Statement of Intent Goal and this is our final payment for this fiscal year. Yes or No**

#1	_____ %	Percentage Shared as Primary Goal
#2	_____	Dollar Amount Shared as Primary Goal

**FROM:**

USE BALL POINT PEN.  
 SEND ONLY THE ORIGINAL WITH YOUR REMITTANCE. Please keep a copy for your records.

\_\_\_\_\_  
 Treasurer's Signature