

**Western Iowa Synod E.L.C.A**  
Remittance Form

Date: \_\_\_\_\_

Congregation Number: \_\_\_\_\_

Congregation Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Treasurer's Daytime Phone: \_\_\_\_\_

Make check payable to **THE WESTERN IOWA SYNOD-ELCA.**  
Make a copy of this form for your congregation and send the original to the  
synod office (address below) Thank You.

	Check No.	<u>Office Use</u>
Mission Support \$ _____	_____	_____
Designated: \$ _____	_____	_____
World Hunger \$ _____	_____	_____
Lutheran World Relief \$ _____	_____	_____
Global Missions \$ _____	_____	_____
Missionary Sponsorship \$ _____	_____	_____
Name: _____		
Place: _____		
Missionary Sponsorship \$ _____	_____	_____
Name: _____		
Place: _____		
Other		
_____ \$ _____	_____	_____
_____ \$ _____	_____	_____
_____ \$ _____	_____	_____
<b>TOTAL ENCLOSED: \$ _____</b>		

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