



REMITTANCE FORM FOR SHARED MISSION SUPPORT
TO SYNOD OF LAKES & PRAIRIES

CHURCH _____ PIN _____

ADDRESS _____

A. SHARED MISSION SUPPORT – 15% TO SYNOD \$ _____
(OR OTHER PERCENTAGE _____)

CHECK NUMBER _____ TOTAL AMOUNT ENCLOSED \$ _____

PERSON MAKING REMITTANCE/TITLE

TELEPHONE

DATE

MAKE CHECKS PAYABLE TO: **SYNOD OF LAKES & PRAIRIES**
2115 CLIFF DRIVE
EAGAN, MN 55122-3327