



For the month of _____, 20_____

ELCA Mission Support \$ []

Other Ministry Contributions (include project code and/or description)

Form with 5 rows for contributions and a TOTAL row, each with a dollar sign and a box.

Congregation number, name and address: []

Make checks payable to SAINT PAUL AREA SYNOD

Remitted by _____

Name (please print)

Title

Phone Number

Date

Saint Paul Area Synod | P.O. Box 64689, St. Paul, MN 55164-0689 | 651.224.4313



Evangelical Lutheran Church in America
God's work. Our hands.



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