



REMITTANCE REPORT

British Columbia Synod

Address 80 Tenth Ave E
New Westminster BC V3L 4R5

Phone 604.524.1318
Fax 604.524.9255

For Month of _____
Date Sent _____

Congregation
Name _____
City _____
Number _____

Treasurer's Information
 Check here if the treasurer's information has changed
Name _____
Address _____
City, Prov, Postal _____

Day-time Phone _____
Email _____

Designation	Amount
I. Regular Mission Support through Synod	
a) Congregational Benevolence	
b) Specific Purpose within Synod's Budget	
c) Special Gift to Synod	
d) Assistance for Seminary Students	
II. Global Mission Directed Giving	
a) Global Mission - Unspecified	
b) Missionary, Program or Project (please specify)	
III. Development, Relief and Justice	
a) Canadian Lutheran World Relief (CLWR) - Unspecified (Note: include any GHDA unspecified in the CLWR line (a) above)	
b) CLWR Special Appeal (please specify)	
IV. Other (please specify)	
a) ELCIC Praise Appeal	
b) Surrey Urban Mission Society (SUMS)	
c) Renewal & Redevelopment (Roxburgh) Monthly Congregational Commitment	
Remittance TOTAL	

Remittance By:
 Cheque(s) enclosed (payable to B.C. Synod). Cheque # _____
 Direct payment. Date _____ Transaction Ref # _____