



REMITTANCE REPORT

British Columbia Synod

Address 80 Tenth Ave E
 New Westminster BC V3L 4R5
 Phone 604.524.1318
 Email bcsynod@elcic.ca

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

Designation	Amount
I. Regular Mission Support through Synod	
a) Congregational Benevolence	
b) Special Gift to Synod	
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	
b) CLWR Special Appeal (please specify)	
IV. Other (please specify)	
a) ELCIC Praise Appeal	

Remittance TOTAL _____

Remittance By:

Cheque(s) enclosed (payable to B.C. Synod). Cheque # _____

Direct payment. Date _____ Transaction Ref # _____