

**TRANSMITTAL FORM for MISSION SUPPORT and DESIGNATED GIFTS**

Month \_\_\_\_\_ Year \_\_\_\_\_

CONGREGATION CODE \_\_\_\_\_

CONGREGATION NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY | STATE | ZIP \_\_\_\_\_

**Make check payable to and mail to:**

North/West Lower Michigan Synod

PO Box 67

Holt MI 48842-0067

Notify us of changes in your information by emailing

[finance@mittensynod.org](mailto:finance@mittensynod.org)

**THIS FORM IS AVAILABLE AT MITTENSYNOD.ORG UNDER CONGREGATION RESOURCES**

Distribute as indicated below. (Use the alpha/numeric codes from churchwide where applicable. Retain a copy for your records.)

Credit GENERAL MISSION SUPPORT \$ \_\_\_\_\_

Identify designated gifts below:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Check # \_\_\_\_\_ TOTAL \$ \_\_\_\_\_