



REMITTANCE REPORT

Saskatchewan Synod

Address 114 Seminary Crescent
 Saskatoon SK S7N 0X3
 Phone 306.244.2474
 Email info@sasksynod.ca

For Month of

Date Sent _____

Congregation

Name _____

City _____

Number _____

Treasurer's InformationCheck here if the treasurer's information has changed

Name _____

Address _____

City, Prov, Postal _____

Day-time Phone _____

Email _____

Designation	Synod Account No.	Amount
I. Regular Mission Support through Synod		
Congregational Benevolence	6100	
Bishop's Discretionary Fund	6098	
Canadian Mission Undesignated	6023	
Seminary Student Sponsorship	6049	
Special Appeal	6102	
Youth Fund	6103	
ELCIC Praise Appeal	6031	
Argentina - Companion Synod	6082	
II. Global Mission Directed Giving		
Global Mission - Unspecified	6021	
III. Development, Relief and Justice		
Canadian Lutheran World Relief (CLWR) - Unspecified	6010	
CLWR Special Appeal (please specify)	6011	
IV. Other (please specify)		
Lutheran Campus Ministry - Saskatoon	6047	
Campus Ministry (including Loonie Sunday)	6043	
Luther College - Regina	6052	
LCBI - Outlook	6050	
Lutheran Theological Seminary Saskatoon	6051	
Hospital Chaplaincy - Regina	6061	
LuMinHoS - Saskatoon	6060	
Reformation Challenge - Specify Project	6048	
Other - Please Specify	6095	
V. Convention Levy	6120	
Total of Cheque(s) Enclosed (payable to Saskatchewan Synod)		\$