

REMITTANCE REPORT

Congregation

City/Town _____
 Name _____
 Address _____
 City, Prov, Postal _____
 Number _____

Contact regarding information on this form

Name _____
 Daytime phone _____
 Email _____



Saskatchewan Synod
 ELCIC

Address #6 - 2220 Northridge Dr
 Saskatoon SK S7L 6X8
 Phone 306.244.2474
 Email finance@sasksynod.ca

For Month of _____

Benevolence Designation	Synod Account No.	Amount
I. Sask Synod Mission Support		
Congregational Benevolence	6100	
Directed Benevolence from Members	6101	
Hospital Chaplaincy - Regina	3056	
Seminary Student Sponsorship	3052	
Canadian Missions	3041	
Bishop's Discretionary Fund	6098	
Other convention levies	6120	
Other leadership conference registration	6105	
II. National ELCIC Mission support		
Global Mission	6021	
Argentina - Patagonia Mission	6082	
ELCIC Praise Appeal	6031	
III. Development, Relief, and Justice		
Canadian Lutheran World Relief (CLWR) - Unspecified	6010	
CLWR Special Appeal (please specify)	6011	
Canadian Foodgrains Bank	6024	
IV. Other		
LuMinHos / Lutheran Care Society - Saskatoon	6060	
Lutheran Theological Seminary	6051	
Luther College - Regina	6052	
Lutheran Collegiate Bible Institute - Outlook	6050	
Lutheran Campus Ministry - Saskatoon	6047	
Kinasao Lutheran Bible Camp	6075	
LutherCare Communities	6062	

Total of cheque(s) enclosed (payable to Saskatchewan Synod ELCIC) _____