



REMITTANCE REPORT

Synod of Alberta and the Territories
 Address 10014 - 81 Avenue NW
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 Fax 780.433.6623
 Web www.albertasynod.ca
 Email abtsynod@elcic.ca

Congregation

Name _____
 City _____
 Cong. Number _____

Treasurer's Information

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

For Month of _____
 Date Sent _____
 Day-time Phone _____
 Email _____

Please send remittance immediately after last Sunday of the month

Designation

Amount

Designation	Amount
I. Regular Mission Support through Synod	
a) Congregational Benevolence	
b) Specific Purpose within Synod's Budget	
1. Special Gifts	
2. Support our Students (SOS)	
3. Bishop's Discretionary	
4. Canadian Missions	
5	
II. Global Mission Directed Giving	
a) Global Mission - Unspecified	
b) Missionary, Program or Project (please specify)	
i) El Salvador Mission	
ii)	
III. Development, Relief and Justice	
a) Canadian Lutheran World Relief (CLWR) - Unspecified	
(Note: include any GHDA unspecified in the CLWR line (a) above)	
c) CLWR Special Appeal (please specify)	
IV. Other (please specify)	
a) ELCIC Praise Appeal	

Total of Cheque(s) Enclosed (payable to Synod)

\$0.00