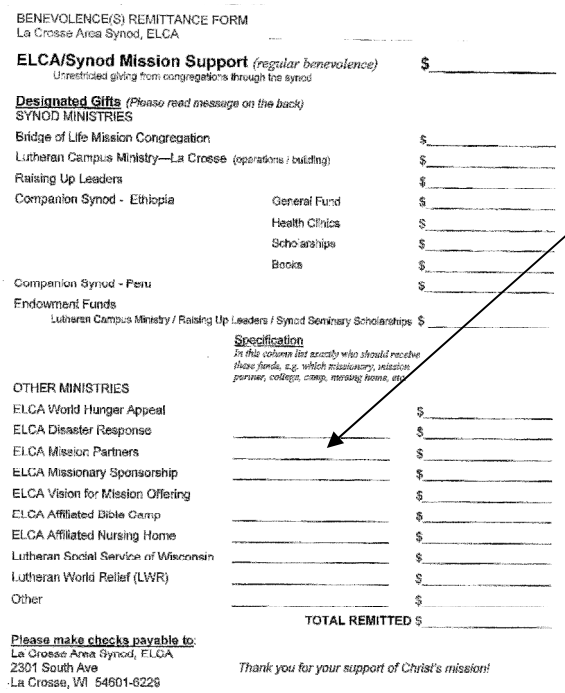
A few bookkeeping tips……..



BENEVOLENCE(S) REMITTANCE FORM
La Crosse Area Synod, ELCA

ELCA/Synod Mission Support *(regular benevolence)* $_____
Unrestricted giving from congregations through the synod

Designated Gifts *(Please read message on the back)*
SYNOD MINISTRIES

Bridge of Life Mission Congregation $_____
Lutheran Campus Ministry—La Crosse *(operations / building)* $_____
Raising Up Leaders $_____
Companion Synod - Ethiopia
General Fund $_____
Health Clinics $_____
Scholarships $_____
Books $_____
Companion Synod - Peru $_____
Endowment Funds
Lutheran Campus Ministry / Raising Up Leaders / Synod Seminary Scholarships $_____

Specification
In this column list exactly who should receive these funds, e.g. which missionary, mission partner, college, camp, nursing home, etc.

OTHER MINISTRIES

ELCA World Hunger Appeal		$_____
ELCA Disaster Response		$_____
ELCA Mission Partners		$_____
ELCA Missionary Sponsorship		$_____
ELCA Vision for Mission Offering		$_____
ELCA Affiliated Bible Camp		$_____
ELCA Affiliated Nursing Home		$_____
Lutheran Social Service of Wisconsin		$_____
Lutheran World Relief (LWR)		$_____
Other		$_____

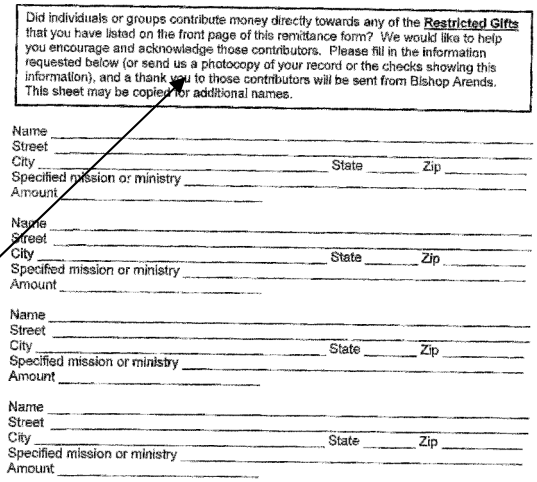
TOTAL REMITTED $_____

Please make checks payable to:
La Crosse Area Synod, ELCA
2301 South Ave
La Crosse, WI 54601-6229

Thank you for your support of Christ's mission!

Front of Remittance Form

It is important to specify which disaster, missionary, Bible camp, nursing home or mission partner that your congregation is giving to. If nothing is specified, it is put in a general fund at Churchwide for that purpose.



Did individuals or groups contribute money directly towards any of the **Restricted Gifts** that you have listed on the front page of this remittance form? We would like to help you encourage and acknowledge those contributors. Please fill in the information requested below (or send us a photocopy of your record or the checks showing this information), and a thank you to those contributors will be sent from Bishop Arends. This sheet may be copied for additional names.

Name _____
Street _____
City _____ State _____ Zip _____
Specified mission or ministry _____
Amount _____

Name _____
Street _____
City _____ State _____ Zip _____
Specified mission or ministry _____
Amount _____

Name _____
Street _____
City _____ State _____ Zip _____
Specified mission or ministry _____
Amount _____

Name _____
Street _____
City _____ State _____ Zip _____
Specified mission or ministry _____
Amount _____

It is best, when listing gifts from your congregational members, to deposit their checks through your church so that you write the synod office one check from your church account.

As always, please call the synod office if you have questions.

We are here to help!
608-788-5000

Back of Remittance Form