



MISSION & PER CAPITA REMITTANCE FORM
PRESBYTERY OF THE TWIN CITIES AREA
c/o Synod of Lakes and Prairies
2115 Cliff Dr., Eagan, MN 55122

(Use this form for remitting all Mission and Per Capita items)

CHURCH _____ PIN # _____
CITY _____

I. PER CAPITA APPORTIONMENT \$ _____

II. UNIFIED GIVING (Recommended Formula) _____

III. UNIFIED GIVING (Session Formula)
General Assembly Mission _____
Synod Mission _____
Presbytery Mission _____

IV. DESIGNATED GIVING/EXTRA COMMITMENT OPPORTUNITIES
General Assembly Project
Name: _____ Code # _____
Name: _____ Code # _____

V. THEOLOGICAL EDUCATION FUND _____

VI. SPECIAL OFFERINGS
One Great Hour of Sharing _____
Pentecost Offering _____
Peacemaking Offering _____
Christmas Joy Offering _____

VII. DISASTER RELIEF
Name: _____ Code # _____

VIII. OTHER
Name: _____
Name: _____
Name: _____

CHECK NUMBER _____ TOTAL AMOUNT ENCLOSED \$ _____

Make check payable to: PRESBYTERY OF THE TWIN CITIES AREA
c/o Synod of Lakes and Prairies
2115 Cliff Dr., Eagan, MN 55122

Treasurer Telephone Date