

2020

LOWER SUSQUEHANNA SYNOD, ELCA

TREASURER'S REMITTANCE REPORT

DATE: _____

FOR MONTH OF: _____

CHECK #: _____

Indicate changes/corrections for Treasurer's name, address, daytime phone number, and email address

Conference:

Cong. Name/ Cong City:.....

ELCA #

Treas. Name:.....

Address:

City/State/Zip:

Ch. Ph:Daytime Ph.:

Email:

MAKE ALL CHECKS PAYABLE TO: LOWER SUSQUEHANNA SYNOD
900 South Arlington Ave., Suite 220B, Harrisburg, PA 17109
Please contact Cathy Paul, 717-652-1852 x 107 or cpaul@lss-elca.org with any questions.

I REGULAR MISSION SUPPORT

(80100) \$ _____

Congregational commitment to support synodical and churchwide ministries

II CHURCHWIDE SPECIALS (80300)

III SYNODICAL SPECIALS (80310)

WORLD HUNGER

APPEAL

General..... (6800) \$ _____
Specific..... (6800/) \$ _____

LSS Mission Fund(230/80600) \$ _____
United Lutheran Seminary (7640) \$ _____
Lutheran Camping Corp (7960) \$ _____
Camp Kirchenwald..... (7160) \$ _____
Camp Nawakwa..... (7240) \$ _____
Konde Diocese..... (7800) \$ _____
Manow Student Scholarship.(7800/8500)\$ _____
Konde Pastor's Salaries.....(7800/8178)\$ _____
Companion Congregation
.....(7800/)\$ _____
Specific.....(7800/)\$ _____

DOMESTIC LUTHERAN DISASTER RESPONSE

General.....(6100) \$ _____
Specific..... (6100/) \$ _____

INTERNATIONAL LUTHERAN DISASTER RESPONSE

General.....(6200) \$ _____
Specific..... (6200/) \$ _____

MISSIONARY SPONSORSHIP

General.....(6500) \$ _____
Specific..... (6500/) \$ _____

OTHER

Bishop's Discretionary Fund....(7080) \$ _____
Synod Mission Partners
St. Barnabas Center.....(8200/8464) \$ _____
Word of Life Deaf, Lanc ... (8200/8600) \$ _____
Christ, Hbg Med Ministry ..(8200/8590) \$ _____

TOTAL II \$ _____

TOTAL III \$ _____

IV SPECIAL SUPPORT (80320)

(Non-Churchwide Non-Synodical Programs)

LUTHERAN WORLD RELIEF

General.....(9400) \$ _____
Quilt & Kit Shipping Fund.(9400/3920) \$ _____

HEIFER INTERNATIONAL..(9200/9405) \$ _____

TOTAL IV \$ _____

REMITTANCE SUMMARY

I Regular Mission Support \$ _____
II Churchwide Specials \$ _____
III Synodical Specials \$ _____
IV Special Support \$ _____
TOTAL AMOUNT ENCLOSED \$ _____

ACCOUNTING USE ONLY

Receipt No **CRB** _____
Verified by _____ Date _____