

ELCA Mission Support

\$ _____

Congregation number, name, and address:

Other Ministry Contributions (include project code and/or description)

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total

Make checks payable to SAINT PAUL AREA SYNOD

Remitted by _____
Name (please print) Title Phone Date

Saint Paul Area Synod | P.O. Box 64689, St. Paul, MN 55164-0689 | 651.224.4313



Evangelical Lutheran Church in America
God's work. Our hands.

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