



**Upstate New York Synod
CONGREGATION REMITTANCE ADVICE
2024**

Treasurers: Please complete and mail this form to: **Upstate New York Synod: 116 W. Glen Ave., Syracuse, NY 13205**. List the amounts for each cause and make one check payable to the Upstate New York Synod. Please make a copy of your completed form for your files.

Cong. ID: _____ **Congregation Name:** _____

Location: _____ **Date:** _____

<u>Fund Name</u>	<u>Fund Number</u> (For office use)	<u>Amount</u>
+MISSION COMMITMENT+	4000	_____
ELCA Disaster Response Specify: _____	4605	_____
ELCA Global Mission	4601	_____
Lutheran Disaster Response Specify: _____	4606	_____
World Hunger	4604	_____
Bishop's Discretionary Fund	4611	_____
Campus Ministry Specify Location: _____	_____	_____
Community of Good Neighbors	2201	_____
Conference Support: Specify Conf: _____	_____	_____
Journey of Faith	2210	_____
Lake Chautauqua Lutheran Center	4607	_____
Lutheran Charities of: (Check one) ____ Central NY 4628 ____ Western NY 4627		_____
Lutheran Homes, Clinton	4610	_____
Zambia and Zimbabwe	4615	_____
Special Appeal: _____	4820	_____
Other: _____	_____	_____
Total:		_____