



**Presbytery of Carlisle**  
 3040 Market Street, Suite #1, Camp Hill, PA 17011-4539  
 717-737-6821 FAX 717-730-9137  
 www.carlislepby.org

**Form Must Accompany  
All Checks**

**Remittance Form**

Church: \_\_\_\_\_ Check #(s) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email \_\_\_\_\_ Phone: \_\_\_\_\_

**Please send only one check and one form for all Per Capita and Mission Remittances. Separate checks and multiple forms are not necessary for Per Capita, Basic, Designated, or Church-wide Special Offerings or Other Special Appeals. Thanks**

**PER CAPITA Funds**

**Total Per Capita Remittance** \$ \_\_\_\_\_

**Disbursement of MISSION Funds**

**Shared Mission** - Money is divided between Presbytery & General Assembly using percentages approved at the last yearly meeting in presbytery's budget. \$ \_\_\_\_\_

**Designated Mission** - Money is divided as stated or designated to a selected project \$ \_\_\_\_\_

Presbytery	\$	_____
General Assembly	\$	_____
Selected Project (if applicable)		
Project # _____	\$	_____
Project # _____	\$	_____
Project # _____	\$	_____

**Church-wide Special Offerings** \$ \_\_\_\_\_

One Great Hour of Sharing		_____
Christmas (Joy)		_____
Peacemaking		_____
Pentecost		_____
Other _____		_____
_____		_____

**Other Specific Appeals** - (Use project numbers as appropriate.) \$ \_\_\_\_\_

Presbyterian Disaster Assistance		_____
Theological Education Fund		_____
Emergency Relief		_____
Project # _____		
Project # _____		
Project # _____		
Other _____		

**Total Mission Remittance** \$ \_\_\_\_\_

**Total Check** \$ \_\_\_\_\_

**Make checks payable to: Presbytery of Carlisle and send to address above.**

**Please save a copy of the form for your records.**

(Please copy this form as needed or download it at [www.carlislepby.org](http://www.carlislepby.org), Treasurer's page)