



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

This form must accompany ALL checks.

Church: _____ PIN # _____ Date: _____

Address: _____

Contact Person: _____ Phone: _____

Per Capita Funds **Total Per Capita Remittance** \$ _____

Disbursement of Mission Funds

1) Shared Mission- Money is divided between Presbytery, Synod & General Assembly using percentages approved at the November presbytery meeting. Total (1)
\$ _____

2) Directed Mission - Money is designated to a selected project or percentages are different than those recommended by presbytery. Total (2)
\$ _____

			or	Amount	
Presbytery	(%)				_____
Synod	(%)				_____
General Assembly	(%)				_____
Selected Project (if applicable)					Amount
Project #	_____				_____
Project #	_____				_____
Project #	_____				_____

3) Church-wide Special Offerings Total (3)
\$ _____

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

4) Specific Appeals - (Use project numbers as appropriate.) Total (4)
\$ _____

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

Total Mission Remittance \$ _____

Make checks payable to: Presbytery of Carlisle and remit to address above. Save a copy of the form for your records.
 (Please copy this form as needed or download it at www.carlislepby.org)