



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

Please send ONE check with the form & define its distribution below.

Contribution Form

Church: _____ Check #(s) _____ Date: _____

Address: _____

Contact Person: _____ Email _____ Phone: _____

Per Capita Contribution: \$ _____

Shared Giving: \$ _____

Designated Giving: Names & Project Numbers

Presbytery of Carlisle \$ _____

Designated Project(s)

Project # _____ \$ _____

Project # _____ \$ _____

Project # _____ \$ _____

Church-wide Special Offerings

One Great Hour of Sharing \$ _____

Christmas (Joy) \$ _____

Peacemaking \$ _____

Pentecost \$ _____

Other _____ \$ _____

_____ \$ _____

Other Specific Appeals Names & Project Numbers

Presbyterian Disaster Assistance \$ _____

Emergency Relief \$ _____

Project # _____ \$ _____

Project # _____ \$ _____

Project # _____ \$ _____

Other _____ \$ _____

Total Contribution (Check) \$ _____

Checks should be payable to: Presbytery of Carlisle and sent 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, Treasurer's page)