

CHURCH FINANCIAL REMITTANCE STATEMENT

GRACE PRESBYTERY
6100 COLWELL BLVD., SUITE 100
IRVING, TX 75039-3112
(214) 630-4502

PREFERRED EMAIL ADDRESS

CHURCH PIN # _____

CHURCH NAME: _____

CHURCH ADDRESS: _____

SHARED MISSION SUPPORT

These commitments provide over all support for the adopted Budgets of the General Assembly, Synod, and Presbytery

\$ _____

DIRECTED MISSION SUPPORT

Programs or Projects that are within the GA/Synod/Presbytery Budget that you wish to designate a portion of your shared mission support

PROJECT # & NAME: _____

\$ _____

PROJECT # & NAME: _____

\$ _____

EXTRA COMMITMENT OPPORTUNITIES

Projects that are outside the adopted budget validated by a ministry division or governing body. These Extra Commitment Opportunities will allow you to make "extra" or "over and above" gifts for particular mission projects

PROJECT # & NAME: _____

\$ _____

PROJECT # & NAME: _____

\$ _____

PRESBYTERY/SYNOD MISSION SUPPORT

Projects that are within the Synod/Presbytery Budgets

PROJECT # & NAME: _____

\$ _____

PROJECT # & NAME: _____

\$ _____

PROJECT # & NAME: _____

\$ _____

GENERAL ASSEMBLY SPECIAL OFFERINGS

ONE GREAT HOUR OF SHARING \$ _____

CHRISTMAS JOY OFFERING \$ _____

PEACEMAKING OFFERING \$ _____

PENTECOST OFFERING \$ _____

THEOLOGICAL EDUCATION

\$ _____

DISASTER RELIEF:

PROJECT # & NAME: _____

\$ _____

PROJECT # & NAME: _____

\$ _____

OTHER GIVING

PROJECT # & NAME: _____

\$ _____

TOTAL REMITTANCE FOR MONTH _____ YEAR _____ \$ _____

REMITTED BY _____ NAME TELEPHONE NUMBER

PLEASE MAKE CHECKS PAYABLE TO GRACE PRESBYTERY