



Date: _____

FROM: Congregation:
Congregation No.
City:

To: Florida-Bahamas Synod
P.O. Box 550742
Tampa, FL 33655

Make all checks payable to: The Florida-Bahamas Synod, ELCA

**Moneys sent directly to Churchwide or other agencies will not be reported on the Congregation Giving Report generated by the Synod.*

| | |
|---|---------|
| Congregational Mission Share | \$_____ |
| LOMF (Lutheran Outdoor Ministries of Florida) | \$_____ |
| World Hunger Appeal..... | \$_____ |
| Churchwide Special Appeal..... | \$_____ |
| Missionary Sponsorship | |
| Name | \$_____ |
| Disaster Relief | |
| Florida | \$_____ |
| LDR..... | \$_____ |
| LSF (Lutheran Services Florida) | \$_____ |
| Lutheran Theological Southern Seminary | \$_____ |
| Newberry College..... | \$_____ |
| Synod Mission Fund..... | \$_____ |
| Other\$_____ | _____ |
| Total amount of check | \$_____ |

Sent By: _____

Address: _____

City: _____

Phone: _____ (work)

_____ (home)