****

**Remittance Form** Maumee Valley Presbytery

Mission & Per Capita Presbyterian Church (USA)

**Remitted By: Date:**

**Church: Pin #:**

**Treasurer: Telephone:**

**The check enclosed is for the following:**

**I. Shared General Mission** (for the session that makes a mission pledge to be distributed according to the Presbytery designated allocation, i.e., 70% Pby., 3% Synod, 27% G.A.) ...............

**OR**

(for the session that designates preferences regarding distribution of mission pledge)

 **General Assembly PCUSA Mission** ...........................................

 **Synod of the Covenant Mission** …............................................

 **Presbytery Mission** ……………………............................................

**II. Per Capita Apportionment**

 **Prior Year** ……………………………………………………………………………..

 **Current Year 2022**………………………….........................................

 **Next Year** **2023.....................................................................**

**III. Special Offerings**

 **One Great Hour of Sharing** ………...............................................

 **Pentecost\*** …………..…………………….............................................

 **Peacemaking\*** ..........................................................................

 **Christmas Joy** ............................................................................

 **Emergency & Disaster Relief *(Specify #)*** ..................................

 **Two Cents A Meal** …………..……..................................................

 **Theological Education** ……….......................................................

 **Other (Specify)** ……….................................................................

***\*Retain 25% of your total Peacemaking and Two Cents A Meal. Retain 40% of the Pentecost Offering.***

**IV. Directed Mission Support and Extra Commitment Giving**

|  |  |  |
| --- | --- | --- |
| **Project Name** | **Project Number** | **Amount** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**Loan Payment**

 **Payment #......................**………...............................................

**Total Remittance Check Amount** ............................................................................

 **Check Number#......................................................................**

***PLEASE MAKE CHECKS PAYABLE TO MAUMEE VALLEY PRESBYTERY, P.O BOX 638164, CINCINNATI, OH 45263-8164.***