



2017 Plan for Mission Support

Congregation Name _____

Congregation Address _____

1. In fiscal 2017* our congregation plans to share \$_____ with the Minneapolis Area Synod for General Mission Support which finances the work of our synod, churchwide, and shared ministries.
2. This represents _____% of our anticipated total offerings. *

IN ORDER TO RECOGNIZE THE FULL BREADTH OF FINANCIAL SHARING BY MINNEAPOLIS AREA SYNOD CONGREGATIONS PLEASE PROVIDE THE FOLLOWING INFORMATION AS YOU ARE ABLE:

3. We plan to give \$_____ (enter amount in field below) to other ELCA or synod ministries, such as the synod Summer Youth Program, World Hunger, missionary sponsorship, or ELCA Malaria Campaign.
4. We plan to give \$_____ (enter amount in field below) to other ministries we care about in our community such as the local food shelf or a homeless shelter.
5. The amounts for numbers 2 and 3 combined represent _____% (enter amount in field below) of our anticipated total offerings.

WE WOULD LIKE YOUR PRESIDENT AND TREASURER TO RECEIVE OUR E-NEWS AND BE INVITED TO SPECIAL SYNOD EVENTS. PLEASE PROVIDE THEIR CONTACT INFORMATION.

Congregation President's Name _____

Congregation President's Email Address _____

Congregation Treasurer's Name _____

Congregation Treasurer's Email Address _____

*** NOTE: If your fiscal year differs, please estimate the offering for the period of February 1, 2017 – January 31, 2018.** Your estimate can be revised at any point during the year.