

**PRESBYTERIAN WOMEN
SYNOD OF THE NORTHEAST
REMITTANCE FORM**

Date: _____

Mission Pledge to PWSNE: \$ _____

Gifts to Designated Funds:

Global Exchange: \$ _____

USA Mission Experience: \$ _____

Young Adult Volunteer: \$ _____

CWG Scholarship: \$ _____

Other: _____ \$ _____

_____ \$ _____

Presbytery: _____

Treasurer: _____

Address: _____

City/State: _____

Phone: _____

E-mail: _____

Make checks payable to: PWSNE

**Send to: Nancy Lack
PWSNE Treasurer
15 Lincoln Avenue
Florham Park, NJ 07932**

Your check is your receipt

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