GENERAL MISSION PLEDGE - 2024

Giving has always been a mark of Christian commitment and discipleship, and is a responsibility of the Session in the *Book of Order*, Form of Government (G-3.0201c) and the Directory for Worship (W-5.5004, W-5.5005).

Church_____   PIN_____

City_____

Presbytery of North Central Iowa   Date_____

Please record your congregation's 2024 pledge of Mission support in the sections below.

Section A – SHARED MISSION SUPPORT – Percentage Formula

In **2024**, our congregation intends to send a total of $_____ for Shared Mission Support with the understanding that these dollars will be forwarded regularly according to the formula indicated below (please check one box only – use whole percentages):

☐ As recommended by the Presbytery (25% GA, 4% Synod, 71% Presbytery)

☐ As specified here and approved by Session: _____% GA, _____% Synod, _____% Presbytery

Section B – ADDITIONAL GIVING/DIRECTED MISSION COMMITMENTS

In addition to Shared Mission Support committed above, our congregation intends to provide total support over the course of 2024 to those designated mission and ministry programs selected below:

$_____ for the General Assembly's Theological Education Fund (consider a pledge of 1% of annual operating budget)
$_____ for General Assembly's Compassion Peace and Justice program (E052168)
$_____ for General Assembly's 1001 New Worshipping Communities program (E052128)
$_____ for General Assembly's Public Witness and Advocacy program (E052152)
$_____ for Presbyterian Disaster Assistance (DR000148)
$_____ for Presbyterian Hunger program (H999999)
$_____ for General Assembly's Racial Ethnic & Women's Intercultural Ministries (E051484)
$_____ for General Assembly's Young Adult Volunteer program (E049075)
$_____ for Lakeshore Center at Okoboji (Presbyterian Camp)
$_____ for Synod-approved projects – Description:_____
$_____ for Presbytery-approved projects – Description:_____
$_____ for Other – Description:_____
$_____ for Other – Description:_____

Our congregation intends to send Remittances: ___Monthly   ___Quarterly   ___Semi-Annually   ___Annually (month of _____)

Please return this form **by January 30, 2024** to: Presbytery Office   **OR** office@presbyteries.org
Lakeshore Center at Okoboji
1864 Hwy. 86
Milford, IA 51351

Your Name_____   Signature_____

Title_____   Phone_____

E-Mail_____

Send original to the Presbytery Office; give one copy to your Church Treasurer; file another copy with your Session Minutes