



**2025 REMITTANCE FORM**

CHURCH \_\_\_\_\_ PIN # \_\_\_\_\_

CITY \_\_\_\_\_

Distribute as follows: Please fill in all applicable blanks

**I. PER CAPITA APPORTIONMENT (based on 2023 membership) \$46.00 per member**

TOTAL \$ \_\_\_\_\_

**II.\* SHARED MISSION SUPPORT (Presbytery Recommended Percentages)**

Presbytery Recommended Percentages for Shared Mission  
are GA 25%; Synod 4%; Presbytery 71%

TOTAL \$ \_\_\_\_\_

**III.\* SHARED MISSION SUPPORT (Session Chosen Amounts)**

General Assembly Mission.....\$ \_\_\_\_\_  
Synod Mission.....\$ \_\_\_\_\_  
Presbytery Mission.....\$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

*\*Please complete section II OR section III, not both*

**IV GENERAL ASSEMBLY SPECIAL OFFERINGS**

Christmas Joy Offering.....\$ \_\_\_\_\_

One Great Hour of Sharing Offering.....\$ \_\_\_\_\_

Peace & Global Witness Offering.....\$ \_\_\_\_\_

*Please remember your congregation retains 25% of this offering*

Pentecost Offering.....\$ \_\_\_\_\_

*Please remember your congregation retains 40% of this offering*

Emergency Disaster Relief.....\$ \_\_\_\_\_

Theological Education Fund.....\$ \_\_\_\_\_

**V. DESIGNATED ADDITIONAL MISSION SUPPORT**

GA Project \_\_\_\_\_ Code # \_\_\_\_\_ \$ \_\_\_\_\_

GA Project \_\_\_\_\_ Code # \_\_\_\_\_ \$ \_\_\_\_\_

Synod Project \_\_\_\_\_ \$ \_\_\_\_\_

Presbytery Project \_\_\_\_\_ \$ \_\_\_\_\_

Theological Education.....\$ \_\_\_\_\_

Lakeshore Center at Okoboji (Presbyterian Camp).....\$ \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ TOTAL AMOUNT OF CHECK ENCLOSED \$ \_\_\_\_\_

**Please make ALL checks payable to the Presbytery of North Central Iowa**

Treasurer \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Return to: Presbytery Office  
Lakeshore Center at Okoboji  
1864 Hwy. 86  
Milford, IA 51351

\_\_\_\_\_  
Treasurer's Email

**Please retain a copy for your file**