

For Use by Congregations in  
**THE PRESBYTERY OF WESTERN NEW YORK**

Phone: 716-668-1995 Fax: 716-668-5336

**2012 PC (USA) SUPPORT  
 REMITTANCE FORM**

**2012 ANNUAL PLEDGE**

Our annual pledge to support the work of the Presbyterian Church

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

Report current month remittances below

**MAKE CHECK PAYABLE AND MAIL TO:**

Presbytery of Western New York  
 2060 Union Road  
 West Seneca, NY 14224

DATE \_\_\_\_\_

PIN

**FROM:** CHURCH \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY/STATE/ZIP \_\_\_\_\_

<b>P C U S A  M I S S I O N  S U P P O R T</b>	<p><b>A. SHARED SUPPORT OF ADOPTED BUDGETS.</b> The Presbytery will make distribution of this amount in accordance with the approved budget.</p> <p style="text-align: right;">\$ _____</p> <p>This amount will be used to support the:</p> <ul style="list-style-type: none"> <li><i>Outreach Mission including Synod and General Assembly</i></li> <li><i>Transformation Programs</i></li> <li><i>Discipleship and Nurture Programs</i></li> <li><i>Pastoral Leadership Programs</i></li> </ul> <div style="border: 1px dashed black; padding: 5px; margin-top: 10px;"> <p><i>Administration (Presbytery Per Capita)      \$ 31.00 per member</i></p> <p><i>Synod and General Assembly Per Capita</i></p> </div> <p style="text-align: right;">We ask that you send in monthly payments on your pledge to PC (USA)</p>
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**B. Special Offerings:**

One Great Hour of Sharing	\$ _____	Peacemaking	\$ _____
Christmas/Joy	\$ _____	Pentcost	\$ _____
<b>Total Special Offerings:</b>	.....		<b>\$ _____</b>

**C. Extra Commitment Giving:** (include outside the budget projects here)

Disaster Relief Project: _____	\$ _____
Hunger Fund	\$ _____
Pby Validated Extra Commitment Project: _____	\$ _____
Theological Education Fund (1%)	\$ _____
GA Extra Commitment Project: _____	\$ _____
Other: _____	\$ _____
<b>Local Mission Support over and above annual denominational pledge:</b>	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Extra Commitment Giving</b>	<b>\$ _____</b>

<b>TOTAL ENCLOSED</b>	<b>\$ _____</b>
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Please send receipt to: Name \_\_\_\_\_, Treasurer

Address \_\_\_\_\_  
(Street & Number) (City or town) (State) (Zip Code)

Daytime phone number \_\_\_\_\_

**PLEASE REMIT PLEDGES ON A MONTHLY BASIS**