



2026 NWOS Congregational Remittance Form

Congregation Name: _____ Congregational ID: _____

Address: _____ Town: _____ Zip Code: _____

Contact: _____ Phone: _____ Email: _____

Check Number: _____ For Giving Month/Period: _____

How are you remitting this contribution?

___ **Mail.** Please mail your remittance form & check to: NWOS at P.O. Box 981 Findlay OH 45840

___ **Bill Pay.** Please email this form to diane.stultz@nwos-elca.org and ask your bank to send your check to NWOS at P.O. Box 981 Findlay OH 45840

<u>Internal Use Code</u>	<u>Allocation of Gifts</u>	<u>Amount</u>
1	Mission Support (shared between ELCA and NWOS)	\$_____
15	NWOS Annual Fund (undesignated giving to NWOS)	\$_____
2	World Hunger (ELCA WHG0038)	\$_____
3	LWR (Lutheran World Relief WHG0006)	\$_____
4	Global Ministries (ELCA GCS4000)	\$_____
101	Lutheran Disaster Response – US (ELCA DDG0010) Specification (if desired): _____	\$_____
102	Lutheran Disaster Response – Int. (ELCA IDG0016) Specification (if desired): _____	\$_____
	Other ELCA Related Ministry/ Cause: _____	\$_____
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110	Missionaries (ELCA GCS2500)	\$_____
	Specific Missionaries: _____	\$_____
702	Tanzania/ Dodoma Diocese (NWOS Global Mission Board)	\$_____
	Other: _____	\$_____
	Other: _____	\$_____

Total Remittance: \$_____

Please include additional forms or written explanations of your remittance as needed.