

2016 Mission Funding Partnership
with
The Presbytery of Genesee Valley

Matthew 25:21 (RSV)

**PLEASE RETURN THIS FORM ONCE YOUR SESSION HAS
APPROVED ITS MISSION COMMITMENT FOR 2016**

1. Name of your church: _____
2. Our **2015** Presbytery Mission Commitment was \$ _____
3. Our **2016** Presbytery Mission Commitment is \$ _____

Please indicate your 2016 mission commitment to:

Synod \$ _____
General Assembly \$ _____

4. How you plan to submit your per capita payment?

One payment in January 2016
 Quarterly
 Monthly
 Other (please specify _____)

5. The name/title of the person completing this form:

6. Email address/phone number: _____

This form has been sent to your Pastor, Clerk of Session and Treasurer. Please forward to any others in your church that should receive this information.

Please respond to: Cheryl Battaglia, Financial Administrator
Presbytery of Genesee Valley
1190 Winton Road South Rochester, NY 14618
PHONE: 585-242-0080/FAX: 585-242-0086
EMAIL: financialadmin@bygenval.org