



GENERAL MISSION PLEDGE - 2024



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

Church _____ PIN _____

City _____

Presbytery of Des Moines _____ 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 (40% GA, 19% Synod, 41% Presbytery)
- As specified here and approved by Session: _____% GA, _____% Synod, _____% Presbytery

Section B – ADDITIONAL GIVING/DIRECTED MISSION COMMITMENTS

In addition to the 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 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