

# DELAWARE - MARYLAND SYNOD

EVANGELICAL LUTHERAN CHURCH IN AMERICA



## CHECK TRANSMITTAL FORM

Date of Transmittal:	<input type="text"/>
Number of Checks:	<input type="text"/>
Value of Checks:	\$ <input type="text"/>

### EVENT:

Period Covered:	through
Description:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

### SPONSOR:

Division/Commission/Office:	
Committee within Division/Commission:	
Contact Person:	Phone:
Checks Counted by:	Phone:

### ADDITIONAL EXPLANATION (as needed):

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Mail Form & Checks To:  
DELAWARE-MARYLAND SYNOD  
**A. M. Thistle, Treasurer**  
404 Walnut Drive  
Annapolis, MD 21403-4021  
(410)-268-6088  
mthistle@aol.com

Receiving Acct: _____
Credit to Acct : _____