**2025 Congregation Mission Support**

**Intent Form**

Instructions: Please indicate your congregation's current level of Mission Support and your 2025 Mission Support plan. Please submit this form by February 15 (the sooner the better).

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| --- | --- |
| Congregation Name: |  |
| Congregation ID Number: |  |
| Congregation Mailing Address: |  |
| Treasurer Name & Phone: |  |

**Mission Support**

Mission Support is the portion of regular offerings that your congregation shares for synodical and churchwide ministries for God’s mission beyond the local congregation. Designated support (World Hunger, Malaria, Missionaries, New Ministries, etc.) is not included for the purpose of this form.

**Your Congregation’s Mission Support**

Mission Support budgeted for sharing with the synod and churchwide ministries:

**2024 Actual: $\_\_\_\_\_\_\_\_\_\_**

**2025 Projected: $\_\_\_\_\_\_\_\_\_\_**

**INSTRUCTIONS:** Please submit this completed form by **February 15**. You may mail it to the address below or submit the online form at semnsynod.org/2025forms.

**Mail to:**

Southeastern Minnesota Synod, ELCA

418 Sumner Street E, Suite 200

Northfield, MN 55057

If you have any questions, please contact Cheryse Brenno at (507)280-9457 or brenno@semnsynod.org.

Updated 1/8/2025