

Western Waters District MS Remittance Form

**Please include this completed form with your payment

DATE:

Chk #:

Church 6 Digit GCFA Id #:

Church Name:

Contact Name: _____

Contact Email: _____

Ministry Shares Amount Paid

\$ _____

Muskegon Methodist Ministries (if applicable)

\$ _____

District Missions (in addition to MS payment)

\$ _____

Check Total:

\$ _____

Please make District Ministry Shares checks payable to "Western Waters District" and mail to:

**Western Waters District Ministry Shares
207 Fulton St. E Suite 6
Grand Rapids, MI 49503**



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