



Mission Trip Payment/Sponsorship Remittance Slip

NOTE: ALL MAILED DONATIONS/PAYMENTS FOR A MISSION TRIP/WELL SPONSORSHIP MUST INCLUDE THIS SLIP, OR LWI CANNOT GUARANTEE YOUR FUNDS WILL BE APPLIED CORRECTLY. PLEASE ATTACH TO CHECK.

Location of the mission trip to which payment should apply:

El Salvador Guatemala Honduras Nicaragua Haiti

Trip Departure Date (MM/DD/YYYY): ____ / ____ / ____

Type of payment:

- well sponsorship sponsoring someone else's mission trip payment for own mission trip
 group payment for multiple people on the same mission trip

Name of Person(s) going on the mission trip (to whose balance payment should be applied) *OR* name to be put on well sponsorship plaque:

Name of Person making payment (exactly as appears on check)

Paying by: Personal Check Business/Church Check

Full name of person/entity to which we should send receipt & end-of-year tax deduction record:

Address of person/entity to which we should send receipt & end-of-year tax deduction record:

Street #, Street Name, Apt. #, City, State, Zip

Internal note to LWI accounting: for any marked "El Salvador" or "Nicaragua," copy Loren H. For any marked "Honduras" or "Guatemala," copy Kim. For any marked "Haiti" copy Heather Stone in Michigan.
