



Shared Mission Ministry Pledge for the Year _____

Congregation: _____

Address: _____

Phone: _____

Total Annual Pledge for Shared Mission Ministry \$ _____

Distribution:

HRP	84.5 %
Presbyterian Mission Agency	15 %
Synod of Northeast	0.5 %

Preferred payment schedule (check one):

_____ Monthly

_____ Quarterly

_____ Annually

Name of Contact Person: _____

Email Address of Contact Person: _____

If you have any questions, please call 914.941.2100 or email: emily@hudrivpres.org.

Presbytery of Hudson River
655 Scarborough Road
Scarborough, NY 10510