



## WNALC Donation Allocation

Congregation Name \_\_\_\_\_

City/State or Province \_\_\_\_\_

Check Number \_\_\_\_\_

Date of Check \_\_\_\_\_

General Fund \$ \_\_\_\_\_

Mission Fund \$ \_\_\_\_\_

Check Total \$ \_\_\_\_\_

Please enclose this form with your check and mail it to:

WNALC  
c/o North American Lutheran Church  
PO Box 860565  
Minneapolis, MN 55486-0565

\*\*Checks should be payable to North American Lutheran Church or NALC.  
**Do not** include a fund name or WNALC on the payee line as they will be rejected.