



**Presbytery of the Highlands, NJ**  
 390 Route 10, Randolph, NJ 07869  
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## 2026 Missional/Per Capita Remittance Form

1. Church/Individual \_\_\_\_\_ PIN # \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City, St \_\_\_\_\_ Email \_\_\_\_\_

2. Missional Giving ..... \$ \_\_\_\_\_

OR Session Directed Formula (please specify desired allocation)

GA	\$ _____
SYNOD	\$ _____
PRESBYTERY	\$ _____

3. Special Offerings

- a. One Great Hour of Sharing (OG999999) ..... \$ \_\_\_\_\_
- b. Disaster Relief (Specify) ..... \$ \_\_\_\_\_
- c. Christmas Joy (CJ999999) ..... \$ \_\_\_\_\_
- d. Hunger (H999999) ..... \$ \_\_\_\_\_
- e. Theological Education (TE999999) ..... \$ \_\_\_\_\_
- f. Global Ecumenical Partnerships (E052199) ..... \$ \_\_\_\_\_
- g. World Communion Offering ..... \$ \_\_\_\_\_
- h. Other (Specify)..... \$ \_\_\_\_\_

4. Directed Missional Giving....Find details /Project Numbers  
 at <https://www.presbyterianmission.org/donate/>

	<u>Project #</u>	<u>Project Name</u>	
Presbytery/Synod/GA	_____	_____	\$ _____
Presbytery/Synod/GA	_____	_____	\$ _____
Presbytery/Synod/GA	_____	_____	\$ _____

5. Per Capita (year if not 2026) ..... \$ \_\_\_\_\_

6. Total Amount of Check      Check # \_\_\_\_\_ \$ \_\_\_\_\_

*Please forward this form with your check made payable to: Presbytery of the Highlands, NJ*

## Remittance Instructions

The following instructions will enable accurate remittance and disbursement of funds.

1. Complete the top portion of the remittance form. It is important to provide the name and telephone number of the person responsible for this remittance in case of questions.
2. Missional Giving: Enter the amount being remitted toward your mission pledge.
3. Special Offerings: Enter the amount on the corresponding line being remitted for each special offering. For Emergency Disaster Relief, please name the disaster or provide the account number.
4. Directed Mission Support:  
**Find Project Numbers at:** <https://www.presbyterianmission.org/donate/>

Newton / Nairobi Partnership giving is also recorded here.  
380200 Undesignated Projects  
380220 Kenya-Secondary/Vocational Scholarship  
380250 Kasasule Health Clinic

5. Per Capita: Enter the amount being remitted for your per capita payment.
6. Indicate the check number, date and total.

Please make checks payable to: **Presbytery of the Highlands, NJ**, and mail with this form to: Presbytery of the Highlands, NJ, 390 Route 10 Randolph, NJ 07869

***Thank You for supporting Presbyterian mission!***