

**PASTORS IN TRANSITION CHECK REMITANCE FORM  
JANUARY 27 - 29, 2019**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

PRESBYTERY: \_\_\_\_\_

CHURCH: \_\_\_\_\_

CITY: \_\_\_\_\_

TRACK #1 CHOICE: A       B       E

TRACK #2 CHOICE: C       D       E

CHECK #: \_\_\_\_\_

SPECIAL DIETARY AND/OR MEDICAL NEEDS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAIL THIS FORM AND YOUR \$250 CHECK TO:

**DIANE AGNEW  
PRESBYTERY OF DETROIT  
17575 HUBBELL ST  
DETROIT MI 48235-2708**