



PLACE DEPOSIT FORM

Professional Leader _____

Congregation or Agency _____

Address _____

Year _____

DEPOSITS			
	LEADER	CONG.	TOTAL
FIRST QT. Date:			
SECOND QT. Date:			
THIRD QT. Date:			
FOURTH QT. Date:			
TOTAL			

Send with deposit to synod office
Make checks payable to NEPS

Cut here



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