

Wire Transfer Designation Form
Renk Diocese, Episcopal Church of South Sudan (ECSS)
Current as of 2019

DATE: _____ AMOUNT: _____

TO: _____
Name of Parish, Clinic, School, Theological College, Bishop's Discretionary Fund, etc.

PURPOSE: _____
Salaries, Medical, Clinic, Vehicle, Books, Program, Capital, Education, etc.

FROM: _____
Name of Church or Individual Donor(s)

ADDRESS: _____
For purposes of recognition

CONTACT: _____
Name and phone and/or email to use if there are questions or concerns

Make Check Payable to: **Diocese of Chicago**
Mail to: **65 E. Huron St.**
Chicago IL 60611
Attn: Finance Office

IMPORTANT STEPS: Please include a copy of this completed form with the check, **and** email a copy to Jackie Kraus (Jackie.kraus41@gmail.com) and Rebecca Roberts (rroberts@episcopalchicago.org) with the date they should expect to receive the check and any further information necessary to process the transfer and acknowledge the contribution.