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**Church Invoice**

2353 Jefferson Highway Suite 20 Waynesboro, Virginia 22980

*(Please print or type)*

NAME OF CHURCH:

STREET ADDRESS/PO BOX:

CITY, STATE, ZIP CODE:

CHURCH TELEPHONE NUMBER:

SENIOR PASTOR:

HEALTHY CONGREGATIONS WORKSHOP 🞎#1 #2🞎 🞎#3 🞎#4 🞎#5 🞎#6

(please mark with an “x”)

DATE OF WORKSHOP: TIME: am/pm to am/pm

LOCATION OF WORKSHOP:

NUMBER OF ATTENDEES:

NAME OF HEALTHY CONGREGATIONS FACILITATOR:

WORKSHOP FEE: $550.00

*I certify the above workshop was conducted on the date specified by the identified facilitator. (May sign and date electronically).*

Signed: Date:

Church Title:

Verified by: Mindy S. Reynolds, MCM, MSN, RN// Initial \_\_\_\_\_\_\_

Title: Synodical Minister for Healthy Leadership and Wellness

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Date Check Received: Date Check Mailed to Synod Office:

Please make/print a copy of this form for your records, and mail a second copy of the form with your payment to Mindy Reynolds at the above office address. Make check payable to “Virginia Synod, ELCA” and indicate “Healthy Congregations Workshop” on your check. For questions, email: [reynolds@vasynod.org](mailto:reynolds@vasynod.org) or call 804-516-6784 (cell).