

Pension Remittance  
for the month(s) of \_\_\_\_\_



*NOTE: You must indicate whether the contribution is Employer and/or Salary Reduction*

Name of Participant	Social Security Number	Employer Contribution	Salary Reduction Contribution	Total Contribution
CHECK TOTAL				

Church or related Entity making remittance: \_\_\_\_\_

District \_\_\_\_\_ Date \_\_\_\_\_

***Your cancelled check or money receipt will be construed as evidence of payment.  
Please mail this form with your remittance. You will need to make copies for your records.***

**PLEASE MAIL REMITTANCE TO:**

**WESLEYAN PENSION FUND, INC.  
P.O. Box 632953  
CINCINNATI, OHIO 45263-2953**