**2021 Congregation Church At Large Mission Commitment **

Church ID

Church Name

Address

City, State Zip

E-mail for church office:

E-mail for senior/sole pastor:

***Help us connect with your congregation! Please verify or provide contact information above.***

**Church At Large Mission Commitment**

**$\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Amount for District’s FY 2021**

(Total all amounts from lines below and enter here)

**OR**

**\_\_\_\_\_\_\_\_\_\_%** of our congregation's unrestricted offerings

Which we estimate will be $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **for District’s FY 2021**

(Total all amounts from lines below and enter here)

Indicate below how you intend to direct your offering to the Lord for our work together in the LCMS Northern Illinois District (NID). Return this form to the district office by December 31, 2020. Estimates will be used for the District's Fiscal Year, 2/1/2021 through 1/31/2022. Thank you for your generosity and partnership in the NID!

**Option 1 – Amount of planned NID offering that is UNRESTRICTED $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Unrestricted offerings are the fiscal foundation for our work together in the NID. District leadership uses the offerings to enable our ministry together for local mission outreach and for NID services/operations (including ecclesiastical oversight and bylaw required services). The NID remits 20% of these offerings to The Lutheran Church—Missouri Synod (LCMS).

**Option 2 – Amounts of planned NID offerings that are RESTRICTED**

Some congregations prefer to make their own decisions for how their offering is designated. Please use the lines below for that purpose.

* Our intent for NID mission outreach $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Our intent for NID services/operations $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Our intent for The Lutheran Church –Missouri Synod $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***All remittances without a Congregational Offering Designation form will be considered unrestricted offerings.***

Name of congregation chairman: Chairman email address:

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

Signature/title of person completing form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_