

# CONGREGATIONAL OFFERING DESIGNATION FOR FISCAL YEAR 2020

The Lutheran Church—Missouri Synod Northern Illinois District  
2301 South Wolf Road, Hillside, IL 60162  
Phone 708-449-3020 ■ Fax 708-449-3026 ■ office@nidlcms.org

### Your support makes the following possible:

- The Call process for congregations/schools
- Grants
- Care of our Church Workers
- Ethnic Ministry
- Lay Leader Development
- Word+Wellness+Witness Initiatives

Help us stay connected with your congregation! Please verify/update the contact email above.

**TOTAL AMOUNT ENCLOSED: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_**

Please indicate below how to direct your offering.

## Option 1 - Our NID offering is UNRESTRICTED

Our total unrestricted offering amount is \$ \_\_\_\_\_

Unrestricted offerings are the fiscal foundation for our work together in the LCMS Northern Illinois District (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 – Our NID offering is DESIGNATED for: (please indicate amounts below)

Some congregations prefer to make their own decisions about how their offering is designated. Please use the lines below to designate.

|  |                    |
|--|--------------------|
| NID mission outreach   | \$ _____           |
| NID services/operations  | \$ _____           |
| The Lutheran Church—Missouri Synod   | \$ _____           |
| Hearts for Jesus (Lutheran Heritage Foundation)  | \$ _____           |
| Prison Ministry<br>(Lori Wilbert-Voice of Hope Behind the Wall)  | \$ _____           |
| Other NID initiatives<br>(PALS, FLAME, Ethnic Ministries, etc.)  | \$ _____ for _____ |
| Other LCMS Agencies<br>(a 3% service charge is assessed for processing<br>and handling pass through gifts) | \$ _____ for _____ |
| <b>TOTAL \$ _____</b>  |                    |

**Enter total amount enclosed at top of page. Mail one copy of this form with check payable to LCMS NORTHERN ILLINOIS DISTRICT to the above address. Keep a copy for your records. A quarterly statement of giving will be sent.**

Your Name \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

*If we need to contact you about this offering.*

This form may be duplicated or downloaded from [www.nidlcms.org/resources](http://www.nidlcms.org/resources) (Congregational Offering Form 2020). An **ONLINE PAYMENT** via Electronic Funds Transfer may be set up at [www.nidlcms.org/resources](http://www.nidlcms.org/resources) (Congregational Offering/Payment Online link to a secure webpage).