

An **ONLINE PAYMENT** is encouraged via Electronic Funds Transfer and may be set up at nidlcms.org/resources (Congregational Offering/Payment Online link to a secure webpage). This form is for USPS mailing only.

CONGREGATIONAL OFFERING DESIGNATION FOR FISCAL YEAR 2023

The Lutheran Church—Missouri Synod Northern Illinois District

1107 Monroe Avenue, River Forest, IL 60305 **NEW ADDRESS

Phone 708-449-3020 ■ Fax 708-449-3026 ■ office@nidlcms.org

Date _____

Church Name _____

Address _____

City, State Zip _____

Church Email _____

Your support makes the following possible:

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

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 (Mission Belize) \$ _____

Prison Ministry \$ _____

(Lori Wilbert-Voice of Hope Behind the Wall)

Other NID initiatives \$ _____ for _____

(PALS, FLAME, Intercultural Ministries, etc.)

Other LCMS Agencies \$ _____ for _____

(a 3% service charge is assessed for processing and handling pass through gifts)

TOTAL \$ _____

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 (Congregational Offering Form 2023).

Rev. 10/22/2022