

ONLINE PAYMENTS are 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 2024
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: _____ Payment Date: _____

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 (PALS, FLAME, Intercultural Ministries, etc.)	\$ _____ for _____
Other LCMS Agencies (a 3% service charge is assessed for processing and handling pass through gifts)	\$ _____ for _____
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.