

**ONLINE PAYMENTS are encouraged** via *Electronic Funds Transfer* and may be set up at [nidlcms.org/resources](http://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 2025**  
**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](mailto: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

<b>TOTAL AMOUNT ENCLOSED: \$</b> _____	<b>Check Number:</b> _____	<b>Payment Date:</b> _____
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*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 _____
<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.*