

## 2027 Congregation Church At Large Mission Commitment

Congregation Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email for senior/sole pastor \_\_\_\_\_



**Northern Illinois District**

The Lutheran Church—Missouri Synod

### Church At Large Mission Commitment

\$\_\_\_\_\_ **Total Amount for District's FY 2027**

(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 2027**

(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) for the **NID's Fiscal Year, 2/1/2027 to 1/31/2028**. Return this form to the NID office as soon as possible via mail, email to [accounting@nidlcms.org](mailto:accounting@nidlcms.org), or upload directly through our link at <https://nidlcms.egnyte.com/ul/fGISVVPnB2>. 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 Chairperson: \_\_\_\_\_

Chairperson email address: \_\_\_\_\_

Name of Treasurer: \_\_\_\_\_

Treasurer email address: \_\_\_\_\_

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