

REMITTANCE VOUCHER for 2017

The Lutheran Church—Missouri Synod Northern Illinois District
2301 South Wolf Road, Hillside, IL 60162

Telephone 708-449-3020; 888-708-5267 Fax 708-449-3026 office@ni.lcms.org

Date _____

Church ID _____

Church Name: _____

Address: _____

City/State/Zip: _____

Church email: _____

TOTAL AMOUNT ENCLOSED: \$ _____

Check Number: _____

Please indicate below how to direct your remittance.

Option 1 - Our NID remittance is UNRESTRICTED

Our total unrestricted gift amount is \$ _____ (OFFICE USE: 41100 001)

This offering is the fiscal foundation for our work together in the NID. District leadership has selected the following distribution to enable our ministry together through your UNRESTRICTED offering:

30% for local mission outreach (District General Missions and New Starts...New Believers)

40% for NID services/operations, including bylaw-required services

30% for NID commitment to national Synod

Option 2 – Our NID remittance is RESTRICTED (please indicate amounts below)

Some congregations prefer to make their own decisions for how their offering is distributed. Please use the lines below for that purpose.

Designated for District General Missions \$ _____ (OFFICE USE: 41100 002)

Designated for New Starts...New Believers \$ _____ (OFFICE USE: 41310 224)

Designated for NID services/operations \$ _____ (OFFICE USE: 41310 001)

Designated for NID commitment to national Synod \$ _____ (OFFICE USE: 21142-001)

Hearts for Jesus - NID Urban Schools (OFFICE USE 32123 024) \$ _____	Lori Wilbert/Voice of Hope at Stateville (OFFICE USE 32121 122) \$ _____	Other: \$ _____ A 3% service charge is assessed for processing and handling "other"	Other: \$ _____ A 3% service charge is assessed for processing and handling "other"
---	---	---	---

Please add up all amounts and enter total amount enclosed at top of page. Mail one copy of this form with check payable to 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 _____

Very important if we must contact you about this remittance.

This form may be duplicated or downloaded from www.nidlcms.org (find at "Resources" tab). A link is available in the email *Parish Resource Connection*. An **ONLINE PAYMENT** via Electronic Funds Transfer may be set up on the district's secure link to Vanco Services at www.nidlcms.org - "Donate"