CONGREGATIONAL OFFERING DESIGNATION for 2018

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@nidlcms.org

Date		Chur	ah ID
Church Name			ch ID
Address		_	
Church email			
TOTAL AMOUNT ENCLOSED: \$		Check Number:	
Please indicate below how to	direct your offering.		
Option 1 - Our NID off	ering is UNRESTRICTED		
Our total unrestricted offering amount is		\$	(OFFICE USE: 41100 001)
distribution to enable of 40% for local r 40% for NID se 20% for NID co	Il foundation for our work together our ministry together through your mission outreach (District General Nervices/operations, including bylaw ommitment to national Synod	UNRESTRICTED offering: Aissions and New StartsNew -required services	-
•	e their own decisions for how their offe	•	e lines below for that purpose.
Designated for mission outreach		\$	(OFFICE USE: 41100 002 / 41310 224)
Designated for NID services/operations		\$	(OFFICE USE: 41310 001)
Designated for NID c	ommitment 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:	Other:
S	\$	\$	\$ A 3% service charge is assessed for processing and handling "other"
Please add up all amounts and	d enter total amount enclosed at t	op of page. Mail one copy of	f this form with check payable to
			f this form with check payable to rterly statement of giving will be s