



**RECEIPTS VOUCHER
ATLANTIC DISTRICT OF THE
LUTHERAN CHURCH-MISSOURI SYNOD
171 White Plains Road Bronxville, NY 10708-1923**



Month of: _____

Congregation: _____

Location: _____, NY

I. CONTRIBUTIONS FOR DISTRICT MISSIONS \$ _____

II. CONTRIBUTIONS FOR HUMAN CARE-SOCIAL MINISTRY \$ _____

III. CONTRIBUTIONS FOR OTHER PURPOSES OF SYNOD

| | |
|--------------------|----------|
| Armed Forces _____ | \$ _____ |
| World Relief _____ | \$ _____ |
| World Hunger _____ | \$ _____ |
| Other _____ | \$ _____ |
| Other _____ | \$ _____ |

Total this Section: \$ _____

IV. CONTRIBUTIONS FOR OTHER SPECIFIC AGENCIES OR PURPOSES (Itemize)

| | |
|-------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Total this Section: \$ _____

V. MISCELLANEOUS PAYMENTS

| | |
|-----------------------------|----------|
| Convention Assessment _____ | \$ _____ |
| Other _____ | \$ _____ |
| Other _____ | \$ _____ |

Total this Section: \$ _____

Enclose Check in this amount payable to: ***Atlantic District***

TOTAL REMITTANCE: \$ _____

NOTE: Mail to Atlantic District. Your cancelled check is your receipt. No receipts will be mailed.

Name _____

Title _____

Address _____

Email _____