



**RECEIPTS VOUCHER
ATLANTIC DISTRICT
THE LUTHERAN CHURCH-MISSOURI SYNOD
171 White Plains Road Bronxville, NY 10708-1923
www.ad-lcms.org**



Month of: _____

Congregation: _____

Location: _____, NY

I. DISTRICT & SYNOD MISSIONS SUPPORT

\$ _____

II. CONVENTION ASSESSMENT

| \$ _____ |

III. OTHER DISTRICT CONTRIBUTIONS

Disaster Relief _____	\$ _____
District Scholarships _____	\$ _____
Memorials, Bequests _____	\$ _____
Human Care _____	\$ _____
Other (Describe) _____	\$ _____

Total this Section: \$ _____

IV. RESTRICTED SYNOD GIFTS

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

Total this Section: \$ _____

Enclose Check payable to: **Atlantic District Lutheran Church Missouri Synod**

TOTAL REMITTANCE: \$ _____

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

Sender Name _____ Phone # _____

Title _____ Email _____

Other contributions congregations may wish to make to LCMS auxiliaries and LCMS recognized service and social organizations should be sent directly to the organization.
For questions concerning this form contact: bookkeeper@ad-lcms.org