

# 2024 MT DISTRICT-LCMS RECEIPTS VOUCHER

Remit Payment to: THE MONTANA DISTRICT- LCMS

ATTN: Treasurer, 759 NEWMAN LANE, SUITE 2, BILLINGS, MT 59101 (Phone: 406-259-2908)

Enclosed find the amount of: \_\_\_\_\_

From (Congregation): \_\_\_\_\_ in (city): \_\_\_\_\_

<i>2024 Congregational Support for District/Synod Mission, Assessments, Fees, &amp; Featured Ministries:</i>	\$ Amount
Congregational Plan of Support (District and Synod Mission, General Fund)	
Invoiced Items:	
Convention Assessment (each congregation will be assessed \$2.53 per confirmed member as reported to Synod Rosters and Statistics by the congregation; please remit with a copy of your invoice, to be issued in January 2024)	
Pastor/Circuit Conference Assessments (each congregation will be assessed \$35 per pastor per conference in 2024, please remit with a copy of your invoice, to be issued in January/February 2024)	
Registration Fees:	
Pastor Wives Retreat	
Family Camp	
Featured Ministries:	
Mission Subsidies	
Circle of Life (Lame Deer, MT)	
Crow Lutheran Ministry (Crow Agency, MT)	
Redeemer Lutheran Church (Anaconda, MT)	
Emmaus Lutheran Mission (Livingston, MT)	
District Schools Student Scholarships Fund	
Church Worker Student Scholarship Fund	
Mercy Fund ( <i>in accordance with IRS rules, do not specify recipient</i> )	
Other: (Please indicate purpose and use of funds)	
NOTE: (acceptance of restricted use funds by District must be approved by the Board of Directors)	
Total Remittance	

Check #	Date:	Amount:
Check #	Date:	Amount:

Treasurer's/Book Keeper Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_