

# 2026 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>2026 Congregational Support for District/Synod Mission, Assessments, Fees, &amp; Featured Ministries:</i>	<b>\$ Amount</b>	
Congregational Plan of Support (District and Synod Mission, General Fund)		
<b>Invoiced Items:</b>		
Convention Assessment (each congregation will be assessed \$2.85 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/February 2026)		
Pastor/Circuit Conference Assessments (each congregation will be assessed \$35 per pastor per conference in 2026, please remit with a copy of your invoice, to be issued in January/February 2026)		
Registration Fees:		
Pastor Wives Retreat		
Red Lodge Camp		
Featured Ministries:		
Subsidized Ministries		
Mount Calvary & Circle of Life (Lame Deer, MT) Dual Parish		
Redeemer Lutheran Church (Anaconda, MT)		
Emmaus Lutheran Mission (Livingston, MT)		
District Schools Student Scholarships Fund		
Church Worker Student Scholarship Fund		
Mercy Fund (in accordance with IRS rules, do not specify recipient)		
Other: (Please indicate purpose and use of funds)		
<i>NOTE: (acceptance of restricted use funds by District must be approved by the Board of Directors)</i>		
<b>Total Remittance</b>		
Check #	Date:	Amount:
Check #	Date:	Amount:

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

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

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

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