



Evangelical Lutheran Synod

Office of the Business Administrator

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RECEIPT VOUCHER

Please Print Clearly

CONTRIBUTIONS FOR THE MONTH OF _____
(A regular monthly contribution should be the goal of each congregation.)

CONGREGATION _____

PASTOR _____

CITY _____ STATE _____

AMOUNT ENCLOSED FOR SYNOD'S GENERAL BUDGET \$ _____

AMOUNTS ENCLOSED FOR OTHER PURPOSES

Board/Committee/Campaign	Amount

MEMORIALS

<i>In Memory Of</i>	<i>For</i>	<i>Amount</i>

Note: Please make your check payable to **Evangelical Lutheran Synod**. Make a duplicate copy for your file. Your canceled check is your receipt.

Name of Remitter _____ Phone _____

Remarks: