



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 GENERAL BUDGET \$ _____**

**AMOUNTS ENCLOSED
FOR OTHER PURPOSES**

Which Includes:

- Bethany Lutheran College
- Bethany Lutheran Seminary
- Christian Service
- Education & Youth
- Evangelism
- Foreign Missions
- Home Missions
- Publications
- Synod Fund

- Cross Stitch \$ _____
- World Needs \$ _____
- Loan Payment \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

MEMORIALS

In memory of _____

In memory of _____

For:

\$ _____

\$ _____

\$ _____

For:

\$ _____

\$ _____

\$ _____

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: