

**Remittance Form for  
Church Treasurers**

**The Lutheran Church Missouri Synod**

**EASTERN DISTRICT**  
5111 Main Street  
Williamsville, NY 14221-5295  
716-634-5111 / Fax 716-634-5452  
www.lcmscd.org



**Make checks payable to:  
Eastern District - LCMS**

Congregation Job ID # \_\_\_\_\_ Circuit # \_\_\_\_\_  
For accounting purposes only

**Congregation** \_\_\_\_\_  
**City & State** \_\_\_\_\_  
**Pastor & Date** \_\_\_\_\_ / /  
**Treasurer & Day Phone** \_\_\_\_\_

**Remittance for District & Synod Pledge** 110101-100101-510101  
( Mission Partnership Commitment)

**For month (s) of \_\_\_\_\_ Year \_\_\_\_\_**

**Other Remittances:**

Convention Assessment..... 110101-340101-520203  
Mission & Ministry Fund (Not Mission Pledge).. 110101-100104-510102  
Professional Church Leaders Conference..... 110101-221101-520201  
Eastern District Convention..... 110101-340101-520201  
Armed Forces..... 110101-210303  
World Relief/Hunger etc..... 110101-210304  
Eastern District Disaster Fund..... 210218-200340-510303  
Lutheran Witness..... 110101-210501  
Lutheran Hour Ministries..... 110101-210309  
District Scholarship Fund..... 210302-210199-510303  
Bethesda..... 110101-210306  
Other (Describe).....  
Other (Describe).....  
Other (Describe).....

**Total Remittance to District** \_\_\_\_\_ **BANK - 110103**

**NOTE:** Please make a copy of your completed form for your files. Your cancelled check is your receipt. Remittances received after the last day of each month are credited to the next month's receipts.

Our accounting year is January 1 to December 31. Please note on your check the month and year your contributions are for to avoid errors in calculating your year end contributions. Thank you!

If assistance is needed in completing this form or if you need more forms, please contact Barbara Sigafos, Business Manager at 716-634-5111 ext. 18 or barb.sigafos@lcmscd.org

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