



RECEIPTS VOUCHER

Wyoming District - LCMS

2400 Hickory Street
Casper, WY 82604
(307) 265-9000



Congregation: _____

Date: _____

Address: _____

Check #: _____

City/State/Zip: _____

Remitted for
the month of: _____

*** please retain a completed copy for your congregational records ***

Contributions for District Missions	Amount
District Pledge	
Assessment	
Wind River Indian Ministry	
Campus Ministry	
Scholarships	
Unrestricted Gifts	
Other:	
Other:	
Contributions for Synodical Missions	
LCMS World Relief / Human Care	
Armed Forces	
Lutheran Hour	
Bethesda	
Good Shepherd	
Other:	
Other:	
Total Remitted:	
Comments and/or special instructions:	

** For District Use Only **

Voucher #: _____
Cong. ID #: _____

Signature and Title

** additional vouchers can be downloaded at wylcms.org