LUTHERAN CHURCH OF THE RESURRECTION 2023 COMMITMENT

Name(s):		Phone:		
Address:				
City, State, Zip:				
Email Address:			Receive Email Statements?	
2023 Commitm	ent to the ministry of m	ny church.		
	e fund for your annual gifts. You ongregationally-approved budg		omatically go toward all the needs of	
With gratitude for God's	s many blessings, I / we commi	t to support the ministr	y of my / our church by giving:	
\$	per week	per month	per year	
A Special One-	Time Gift over and ab	ove my annual co	mmitment.	
in the world. Whether it or enhancing the resour your support will help us	be providing special music opposes needed to help our choirs	oortunities like brass en and musical productior hest! Please consider a	a one-time gift in addition to your	
Yes, I / we would like to	also give a one-time gift, over	and above my / our yea	arly pledge:	
\$	one-time gift enclos	sed (or already submi	tted via PayPal, Venmo or Give+)	
Simply Giving				

Current Simply Giving users will need to submit a new authorization form to adjust the amount and/or frequency of your gift. (No need to provide a voided check.)

If you wish to start donating using Simply Giving, complete the Simply Giving Authorization on the back (including a voided check) and return it with your completed commitment form.

Additional Ways to Give

Donating by using weekly envelopes, through our website at LCRMarion.org/giving with a PayPal account or a debit or credit card and giving through the Give+ mobile app or Venmo are just a few ways to give. Please refer to our Fund Appeal brochure for more information on these and other ways to give.

AUTHORIZATION FORM

The **Simply Giving**[•] Program endorsed by

Thrivent Federal Credit Union

FOR OFFICE USE ONLY ENVELOPE/DONOR #					
Lutheran Church of the Resurrection					
Type of Authorization:	■ New Authorization		hange donation amount		
	☐ Discontinue electronic donation		hange banking information hange donation date		
Last Name		First Name			
Address					
City		State	Zip		
Email Address					
Please debit my donation from my	(check one):	Routing Number:			
☐ Checking Account (attach a void	ed check below)				
☐ Savings Account (contact your financial institution for Routing #)		Account Number: Last-56789: Last-56* DDD to Check Number Routing Number			
FIRST DONATION DATE:	FREQUENCY OF DONATION:	FU	NDS AND AMOUNTS:		
	 Weekly on Monday Weekly on Friday Monthly on the 1st Monthly on the 15th Semi-Monthly (transferred on 1st and 15th of each residue) 		General/Operating \$		
AGREEMENT I authorize the above church to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.					
Authorized Signature:			Date:		
New Participants, please attach voided check here. Not required for change of amounts or cancellation					