LUTHERAN CHURCH OF THE RESURRECTION 2024 COMMITMENT

Name(s):	Phone:		
Address:			
City, State, Zip:			
Email Address:	Receive Email Statements?		
2024 Commitment to the ministry of my church.			
There is one all-inclusive fund for your annual gifts. Your contributions will the church, within the congregationally-approved budget.	automatically go toward all the needs of		
With gratitude for God's many blessings, I / we commit to support the mir	nistry of my / our church by giving:		
\$ per week per monti	h per year		
A Special One-Time Gift over and above my annual	commitment.		
For decades Lutheran Church of the Resurrection has offered a quality preschool is an important ministry of our church — focusing on the educated development of every child. This one-time gift will allow the preschool to equipment and provide for necessary operational costs that are not cover	ational, social, physical and spiritual enhance programs, procure new		
Yes, I / we would like to also give a one-time gift, over and above my / ou	r yearly pledge:		
\$ one-time gift enclosed (or already sul	bmitted via PayPal or Venmo)		

Simply Giving

Current Simply Giving users 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 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

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^r Thrivent	Federal	Credit	Union [™]

FOR OFFICE USE ONLY	ENVELOPE/DONOR #					
Lutheran Church of the Resurrection						
Type of Authorization:	■ New Authorization	☐ Change donation amount				
	☐ Discontinue electronic donation		nge banking information nge donation date			
Last Name		First Name				
Address						
City		State	Zip			
Email Address						
☐ Checking Account (attach a voided check below) ☐ Savings Account (contact your financial institution for Routing #)		Routing Number: Valid Routing # must start with 0, 1, 2, or 3 Account Number: Check Number Account Number				
FIRST DONATION DATE:	FREQUENCY OF DONATION:	FUND	S 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 		neral/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						